Infections in an Institutional Setting Training

Institutionally-Treated Skin and Soft Tissue Infections
Course 7

Prepared For

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Due Date: 02-07-07
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<<Module #0: Welcome>>
<<Topic #1: Splash>>

COURSE ATTRIBUTES	
PROJECT CODE	XXXX_07
ID COURSE CODE	XXXX_07
COURSE TITLE	Institutionally-Treated Skin and Soft Tissue Infections
COURSE DESCRIPTION	This course will review common skin and soft tissue infections treated in an institutional setting, including their respective pathogens and treatment principles.
LINEAR	No
PATHS	1
FLASH VERSION	6
GLOSSARY COLOR	#28A497

PAGE DESCRIPTION					
FLOW #	M0T1P1	PAGE TYPE	Splash	PATH	All
POINTS	1				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Learners are presented with animation, music, special effects, and welcoming text that are paced and orchestrated to open the course. The presentation is less than 10 seconds, fast-paced, motivating, and professional.				
PAGE LAYOUT	**Course Attributes:** In scripting the Course Attributes table for a course, the ID: (1) increments the numbers in the Project Code to match the course number (e.g., if this were XXXX_01, the ID would change "00" to "01" in the Project Code cell; (2) changes the ID Course Code to match any conventions established by the LID for the project (this cell does not have functional value, and is provided for the ID team's own purposes only; this cell can match the Project Code, or have any other value that makes sense to the team—e.g., something like "CW_F6_00_Pr" might make a reasonable ID course code for XXXX_00, if the XXXX team had need of it; a product launch, by comparison, might employ the product name and course number); (3) changes Course Title to match the title provided in the Deployment Data Document (ddoc); (4) provides the Course Description that will be shown on the LMS (note that not all LMSs include a Course Description, but it is a very good practice to write one anyway, if only for internal uses); (5) leaves the rest alone (CD, LID, Dev, and CE will take care of the rest during prototyping). Note that after initial integration changes to the Course Attributes table must be made manually on the LMS—these values are *not* repopulated automatically. **Splash:** Page includes courseware suite name, course title, and branding. Environmental theme music will be the same for each course. Opening animation; same for each course. Begin button only: Learners can click the Begin button to skip the animation.					

PAGE CONTENT		MEDIA
PAGE TITLE	[[Nonexporting.]]	
PAGE TEXT1	Stronger. Smarter. Swifter.	{{Audio: Splash music.[music]}}
OSD1	Click **Begin Intro** to play the introduction and then begin your rotation. Click **Skip Intro** to begin your rotation.	

<<Topic #2: Disclaimer>>

PAGE DESCRIPTION					
FLOW #	M0T2P1	PAGE TYPE	Disclaimer	PATH	All
POINTS	1				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	To ensure compliance with requirements for appropriate use of the course, learners read a disclaimer and click Agree to enter the course. If learners click Disagree, they are forced out of the course.				
PAGE LAYOUT	PT1. Nav and Aux buttons are inactive. Agree and Disagree buttons.				

PAGE CONTENT		MEDIA
PAGE TITLE	Keep in Mind	
PAGE TEXT1	This course is intended FOR INTERNAL TRAINING USE ONLY. You may not duplicate, modify, distribute, or use materials from this course when detailing. Do you accept these terms?	
OSD1	Click **Agree** or **Disagree**.	

<<Topic #3: Course Intro>>

PAGE DESCRIPTION					
FLOW #	M0T3P1	PAGE TYPE	Static Text w/Icon A	PATH	All
POINTS	1				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Characters provide first-person perspectives on content.				
PAGE LAYOUT	Static text with up to 6 pop-up icons. Bulleted text in pop-ups summarizes character audio. Character images in pop-ups. Nav and Aux buttons active except during pop-ups. Pop-up icons. Media controls and Close button (X) for pop-up windows. No hyperlinks in pop-ups.				

PAGE CONTENT		MEDIA
PAGE TITLE	Today's Schedule	
PAGE TEXT1	It's another day at the Institute for Healthcare Excellence and you have just put on your white coat when the chief of infectious diseases informs you that Dr. Schatz, the internal medicine attending physician, is looking for you to discuss another patient case with her in the ED. He indicates that the patient has a skin and soft tissue infection (SSTI). For the next hour you will work with Dr. Schatz and other departments to understand SSTIs, their respective pathogens, and treatment principles. Time to get moving on your busy day!	{{Note: 790–850ч 19ℓ.}}
MESSAGE1	{{Chief of Infectious Diseases}} The three issues perplexing the clinical evaluation of patients with SSTIs are: • Diagnosis • Severity of infection • Pathogen-specific antibiotic resistance patterns [[Stevens, 2005, pg 1378, col 1, para 2]]	{{Audio: There are three modern issues perplexing the clinical evaluation of patients with skin and soft-tissue infection. They are diagnosis, severity of infection, and pathogen-specific antibiotic resistance patterns[[Stevens, 2005, pg 1378, col 1, para 2]].[CID]}} {{Visual: Headshot of CID}}
OSD1	Click the **Perspective** icon. Then click the **Forward** arrow to continue.	
OSD2	Click the **Forward** arrow to continue.	

PAGE DESCRIPTION					
FLOW #	Menu	PAGE TYPE	Menu**	PATH	All
POINTS	1				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	The Menu is an interactive outline of the modules and topics covered in a course. The Menu shows the learner's progress through the course (i.e., what modules and topics have been completed) and can also be used to navigate between topics, and provides assessment remediation.				
PAGE LAYOUT	The Module and Topic titles in the menu are exported from the Module and Topic titles used in the script (e.g, "<<Module 1: Presentation>>").				

PAGE CONTENT		MEDIA
PAGE TITLE	Course Map	
PAGE TEXT1	Select a topic.	

PAGE DESCRIPTION					
FLOW #	Resources	PAGE TYPE	Resources**	PATH	All
POINTS	1				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE					
PAGE LAYOUT	Additional Resources includes miscellany of job aids, hyperlinks, etc. References are bibliographic citations. If either section includes no items, it should be deleted.				

PAGE CONTENT		MEDIA
PAGE TITLE	Resources	
PAGE TEXT1	**References** Review this bibliography of books, articles, and other references that were used to create this course. Data Advantage Corp. Custom Medpar Bechmark-Medpar 2005. Louisville, KY. Data accessed August 2006. Mandell GL, Bennett JE, Dolin R. *Principles and Practice of Infectious Diseases, 6th Edition*. Orlando, FL: Churchill Livingstone; 2005. Stevens DL, Bisno AL, Chambers HF, et al. Practice guidelines for the diagnosis and management of skin and soft-tissue infections. *Clin Infect Dis* 2005;41:1373-1406.	{{Note: Provide the URLs and paths for all hyperlinks in the Media column.}}

PAGE DESCRIPTION					
FLOW #	Glossary	PAGE TYPE	Glossary**	PATH	All
POINTS	1				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	The Glossary defines terminology relevant to the course or suite content. Most glossary for multi-course suites are suitewide.				
PAGE LAYOUT	The Glossary is compiled separately. After all suite content has been finalized, the glossary content is finalized, and then built into .mdb/.xml format by the LID.				

PAGE CONTENT		MEDIA
PAGE TITLE	Glossary	
PAGE TEXT1	[[Nonexporting.]]	
OSD1	[[Nonexporting.]]	

PAGE DESCRIPTION					
FLOW #	studyNotes	PAGE TYPE	Study Notes**	PATH	All
POINTS	1				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	The learner accesses Study Notes at any time to review key points and take notes.				
PAGE LAYOUT	Boilerplate instruction. Print button. Text entry field.				

PAGE CONTENT		MEDIA
PAGE TITLE	Study Notes	
PAGE TEXT1	**Instructions** Use Study Notes to keep track of key takeaways and learning points as you progress through the course, as well as your own notes. You can also excerpt any text that appears onscreen by highlighting it with your mouse pointer, and copying and pasting it into the Notes field. Return at any time to review and add to your notes—as long as you use the same computer whenever you access the course, your notes will be saved from one session to the next. You can also print your notes for later reference.	{{Note: Boilerplate.}}
MESSAGE1	**Notes**	{{Note: Boilerplate.}}

PAGE DESCRIPTION					
FLOW #	Help	PAGE TYPE	Help**	PATH	All
POINTS	1				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Rolling the mouse pointer over each element displays its description.				
PAGE LAYOUT	All boilerplate. Rollovers describe all interface elements. If an element is not relevant to a project, LID/CE changes its DT to "[[Nonexporting.]]" and the element is not shown onscreen; the elements must *not* be renumbered.				

PAGE CONTENT		MEDIA
PAGE TITLE	Help	
PAGE TEXT1	Roll your mouse pointer over each interface element for explanations of the features of this course.	
CLICK TEXT	• 1A • 2A • 3A • 4A • 5A • 6A • 7A • 8A • 9A • 10A • 11A • 12A • 13A • 14A	
DISPLAY TEXT1A	**Title Bar** The Title Bar tells you which module, topic, and page you are currently exploring.	
DISPLAY TEXT2A	**Course Map** The Course Map provides access to all course topics. You can visit the Course Map at any time, except during the final assessment, by clicking **Course Map**. Because the course objectives build on each other, you are strongly encouraged to follow the sequence shown in the Course Map. You must complete all activities before you can take the final assessment and earn credit for completing the course.	{{Note: LID/CE change "strongly encouraged" to "required" if linear, and revise "You must…the course." to reflect actual means of completion.}}
DISPLAY TEXT3A	**Glossary** The Glossary lists terminology that is relevant to the course content. You can visit the Glossary by clicking the **Glossary** button, or by clicking the underlined words and phrases as you encounter them in the course. To hear a term pronounced, find its entry in the Glossary, and click **Listen**.	
DISPLAY TEXT4A	**Study Notes** Use Study Notes to keep track of key takeaways and learning points as you progress through the course, as well as your own notes. You can access Study Notes at any time, except during the final assessment, by clicking	

PAGE CONTENT		MEDIA
	the **Study Notes** button.	
DISPLAY TEXT5A	**Resources** The Resources page provides a bibliography of the books, articles, and other references that were used to create this course, as well as hyperlinks to relevant online resources and any job aids for the course. Click **Resources** at any time, except during the final assessment, to access this page.	
DISPLAY TEXT6A	**Help** Help is the page you are visiting now. Click the **Help** button at any time for explanations of the features of this course.	
DISPLAY TEXT7A	**Close** Click the **Close** button (**X**) to quit the course and return to your learning management system. You can quit at any time. When you quit, your progress as shown on the Course Map will be saved.	
DISPLAY TEXT8A	**Forward Arrow** Click the **Forward** arrow whenever you want to advance to the next page in the course.	
DISPLAY TEXT9A	**Progress Clock** The Progress Clock shows you how far you have come in the course. The course begins at 8:00 A.M., and progresses toward 8:00 P.M. as you complete each page.	
DISPLAY TEXT10A	**Back Arrow** Click the **Back** arrow to return to the previous page in the course.	
DISPLAY TEXT11A	**Media Controls** The Media Controls appear on all pages that feature audio narration. Click the **Pause/Play** button to pause or continue the narration. Click the **Replay** button to restart the narration from the beginning.	
DISPLAY TEXT12A	**Directions** The Directions provide basic guidance for each page. Refer to this prompt anytime you are unsure of what to do next.	
DISPLAY TEXT13A	**Training Assistant** The Training Assistant will support your learning as you complete the course. On some pages the Training Assistant may be available to provide hints, or give an expert perspective on the content.	
DISPLAY TEXT14A	**Credibility Meter** Some activities feature a Credibility Meter that tracks your responses and shows you how well you understand the content. Use the Credibility Meter to gauge your own progress as you complete the course.	

<<Module #1: Introduction to Skin and Soft Tissue Infections>>

<<Topic #1: Module Overview>>

PAGE DESCRIPTION					
FLOW #	M1T1P1	PAGE TYPE	Static Text w/Icon	PATH	All
POINTS	1				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Characters provide first-person perspectives on content.				
PAGE LAYOUT	Static text with up to 6 pop-up icons. Bulleted text in pop-ups summarizes character audio. Character images in pop-ups. Nav and Aux buttons active except during pop-ups. Pop-up icons. Media controls and Close button (X) for pop-up windows. No hyperlinks in pop-ups.				

PAGE CONTENT		MEDIA
PAGE TITLE	Etiology of SSTIs	
PAGE TEXT1	As you are introduced to your patient case, you will be presented with the definition and classification of SSTIs. But first let us hear from Dr. Schatz on the various etiologies of skin and soft tissue infections.	{{Note: 790–850ч 19ℓ.}}
MESSAGE1	{{Physician Perspective}} • SSTIs evolve from various etiologies • Though numerous bacteria cause SSTIs, there are considerable similarities in clinical presentation between the various pathogens [[Stevens, 2005, pg 1378, col 1, para 1]] • Review of definitions and classifications of SSTIs.	{{Audio: Skin and soft tissue infections have various etiologies. Numerous bacteria cause skin and soft tissue infections; however there are considerable similarities in clinical presentation between the various pathogens. As you are introduced to your patient case, you will be presented with the definition and classification of skin and soft tissue infections.[Dr. Schatz]}}
OSD1	Click the **Perspective** icon. Then click the **Forward** arrow to continue.	
OSD2	Click the **Forward** arrow to continue.	

<<Topic #2: Definition and Classification>>

PAGE DESCRIPTION					
FLOW #	M1T2P1	PAGE TYPE	Static Text with Graphic A	PATH	All
POINTS	1				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Present basic content or as the set-up screen for a multi-page activity.				
PAGE LAYOUT	PT1 text with supporting graphic with caption. Audio as needed. Visual is required—the right side of the screen accommodates one medium-to-large graphic or a collection of smaller images with a maximum of 455px horizontal and 395px vertical. Nav and Aux buttons. Caption is required.				

PAGE CONTENT		MEDIA
PAGE TITLE	A New Case in the ED	
PAGE TEXT1	You have arrived at the ED to meet Dr. Schatz, whom you have been shadowing. You ask her about the case.	{{Visual: The backs of two individuals (one male, one female) in conversation. Appearance should be of two physicians, or a resident and physician.}} {{Audio: Good Morning, Dr. Schatz, I hear you are looking to discuss a case with me.[Resident]}}
MESSAGE		{{Note: Title Case. 118ч 2ℓ. No scroll!}}
OSD1	Click the **Forward** arrow to continue.	

PAGE DESCRIPTION					
FLOW #	M1T2P2	PAGE TYPE	Uber Explore	PATH	All
POINTS	1				
LEARNER OBJECTIVES	Define the classifications of skin and soft tissue infections (SSTIs)				
LEARNER EXPERIENCE	Learners read intro, and click items to display additional information. Page can include audio, animations, graphics, tabs, and tables in limitless combinations.				
PAGE LAYOUT	PT1 intro. CT3–6, starting on second line below PT1. CT is DT header. Length of PT1 determines maximum number of CTs. DT supports 0–4 tabs. Audio as needed. No visual on pageload. Visual can be added to any tab. Animation or video can be added to any tab. Table can be added to any tab. Nav and Aux buttons. Animation playhead present as needed. Media controls accompany all standalone audio. Text is optional on all tabs, all types. Tables have a maximum of ## r, ## c. Number of c/r must be constant, and determines cell ч limits (e.g., 3x6 table: 58ч per cell/3ℓ). No table title. Unique column headers. See Expanded Scripting Notes in XXXX_specs.doc.				

PAGE CONTENT		MEDIA
PAGE TITLE	SSTI Classifications	
PAGE TEXT1	SSTIs can range in severity from mild to quite severe and are quite common. There are several types of SSTIs. Before we get too far with this case, we should start by reviewing the various types of SSTIs. Explore the various skin and soft tissue infections.	{{Audio: Yes, we have a 34-year-old male, Mr. Marks, who just presented to the Emergency Department showing symptoms for carbuncles. We are admitting him to our service. I would like you to take this case and present him on rounds today. We should begin by discussing the various types of skin and soft tissue infections and their respective risk factors.[Dr. Schatz]}}
CLICK TEXT	• Abscesses • Cellulitis, and Erysipelas • Decubitus Ulcers • Diabetic Foot Ulcers • Necrotizing SSTIs • Animal Bites • Surgical Site Infections	
OSD1	Click each item. Then click the **Forward** arrow to continue.	
OSD2	Click the **Forward** arrow to continue.	
DISPLAY TEXT1A	{{Cutaneous Abscesses}} A cutaneous abscess is a collection of pus within the dermis and deeper skin tissues. [[Stevens, 2005, pg 1379, col 2, para 2]] There are four types:	

PAGE CONTENT		MEDIA
	• Furuncles • Folliculitis • Carbuncles • Impetigo	
DISPLAY TEXT1B	{{Furuncles, Folliculitis, and Carbuncles}} Furuncles, also known as boils, are infections of the hair follicle, occurring anywhere on hairy skin. Pus forms and extends through the dermis into the subcutaneous layers of the skin, [[Stevens, 2005, pg 1379, col 2, para 4]] Folliculitus is an inflammation more superficial than furuncles and pus is present in the epidermis layer of the skin. [[Stevens, 2005, pg 1379, col 2, para 4]] Carbuncles are furuncles that extend to involve several adjacent follicles, producing an inflammatory mass with pus drainage. Carbuncles tend to develop on the back of the neck and are common among people with diabetes. [[Stevens, 2005, pg 1380, col 1, para 1]]	{{Image: Carbuncles}}
DISPLAY TEXT1C	{{Risk Factors of Furuncles and Carbuncles}} Outbreaks of furuncolosis caused by methicillin-sensitive and methicillin-resistant *S. aureus* (MRSA) may occur in families and other settings with close personal contact or inadequate personal hygiene. [[Stevens, 2005, pg 1380, col 1, para 2]]	
DISPLAY TEXT1D	{{Impetigo}} Impetigo are discrete, pus-filled blisters[[Stevens, 2005, pg 1379, col 1, para2]]	{{Image: Image of Impetigo}}
DISPLAY TEXT2A	{{Cellulitis, and Erysipelas}} Cellulitis, and erysipelas are commonly associated with skin infections that spread across the upper and deeper dermis levels and subcutaneous fat. The two infections are differentiated by depth of inflammation. [[Stevens, 2005, pg 1380, col 1, para 5]]These infections occur when bacteria enter through breaks in the skin. [[Stevens, 2005, pg 1380, col 2, para 6]]	
DISPLAY TEXT2B	{{Cellulitis}} Cellulitis is a severe, diffusive infection of the skin, expanding more deeply into the subcutaneous tissues. It does not have the characteristic anatomical features described for erysipelas. [[Stevens, 2005, pg 1380, col 2, para 4]]	{{Image: Image of Cellulitis}}
DISPLAY TEXT2C	{{Erysipelas}} Erysipelas has two features that characterize it from other forms of subcutaneous infection: • There is a clear line of delineation between implicated and non-implicated tissue with lesions raised above the level of the surrounding skin • It is more commonly found in infants, young children, and older adults [[Stevens, 2005, pg 1380, col 2, para 1]]	{{Image: Image of Erysipelas}}
DISPLAY	{{Risk Factors of Cellulitis and Erysipelas}	

PAGE CONTENT		MEDIA
TEXT2D	Risks associated with these infections fall under two areas: • Conditions where the skin is more fragile, such as obesity, edema, and previous subcutaneous damage • Certain surgical procedures[[Stevens, 2005, pg 1381, col 1, para 1]]	
DISPLAY TEXT3A	Decubitus ulcers occur from lying in one position for too long so that the circulation in the skin is compromised by the pressure.	{{Image: Image of a Decubitus Ulcer}}
DISPLAY TEXT4A	{{Diabetic Foot Ulcers}} Diabetic foot ulcers, which occur in patients with diabetes and in patients with peripheral neuropathy, begin with minor trauma, and can take the form of cellulitis, soft tissue necrosis, or osteomyelitis. They are classified into two types: non-limb-threatening and limb-threatening infections. [[Mandell, 2005, pg 20, para 4; pg 21, para 1]]	
DISPLAY TEXT4B	{{Non-limb-Threatening}} A non-limb-threatening infection do not contain systemic toxicity and is superficial, with a minor amount of cellulitis (0 2 cm) extending from the area of entry. In addition, ischemia (lack of appropriate blood flow) is not present, and the ulceration will not completely extend through the skin. [[Mandell, 2005, pg 21, para 5]]	{{Image: Image of a Non-limb-Threatening Diabetic Foot Ulcer}}
DISPLAY TEXT4C	{{Limb-Threatening}} Limb-threatening infections will display more widespread cellulitis, lymphangitis, and ulcers that break the skin and reach to the subcutaneous tissues. The presence of ischemia is prominent. [[Mandell, 2005, pg 21, para 5]]	{{Image: Image of a Limb-Threatening Diabetic Foot Ulcer}}
DISPLAY TEXT5A	{{Necrotizing Skin Infections}} Necrotizing skin and soft tissue infections are typically accompanied by systemic symptoms involving muscles or connective tissue. An atypical subcutaneous infection that goes beyond superficial evidence of infection and marks along fascial planes is considered necrotizing fasciitis. [[Stevens, 2005, pg 1385, col 1, para 3]]Patients with organ failure and hypotension (decreased blood pressure) with necrotizing fasciitis have a mortality rate of 50–70%. [[Stevens, 2005, pg 1383, col 2, para 3]]A localized infection, in particular, one with the presence of pus in an individual muscle group, is termed pyomyositis. [[Stevens, 2005, pg 1385, col 2, para 2]]	{{Image: Image of Necrotizing Fasciitis}}
DISPLAY TEXT5B	{{Risk Factors}} Diabetes mellitus, arteriosclerotic vascular disease, and venous insufficiency with edema increase the risk of necrotizing fasciitis. [[Stevens, 2005, pg 1383, col 2, para 3]]	
DISPLAY TEXT6A	Animal bites can come from domesticated, feral, and exotic animals, as well as humans. Twenty percent of all bites require medical care, although most injuries are considered mild. [[Stevens, 2005, pg 1386, col 2, para 5]]	{{Image: Image of an Infected Animal Bite}}

PAGE CONTENT		MEDIA
DISPLAY TEXT7A	{{Surgical Site Infections}} Thirty-eight percent of nosocomial infections in surgical patients become infected. The most common side effect following surgery is an infection to the surgical site. [[Stevens, 2005, pg 1393, col 1, para 2]]	
DISPLAY TEXT7B	{{Superficial Incisional}} A superficial incisional surgical site infection only involves the subcutaneous area, which is between the skin and underlying muscles. [[Stevens, 2005, pg 1393, col 1, para 3]]	{{Image: Image of an Infected Superficial Incision}}
DISPLAY TEXT7C	{{Deep Incisional}} A deep incisional surgical site infection relates to the deep layers of soft tissues. These infections occur 30 days after the surgery or within 1 year of operative prosthetic insertion. [[Stevens, 2005, pg 1393, col 1, para 4]]	{{Image: Image of an Infected Deep Incision}}
DISPLAY TEXT7D	{{Organ/Space}} An organ/space infection is one where infection occurs in any other area of the anatomy that is not the incision point from the surgery. [[Stevens, 2005, pg 1393, col 1, para 5]]	{{Image: Image of an Infected Organ/Space}}

PAGE DESCRIPTION					
FLOW #	M1T2P3	PAGE TYPE	Static Text w/Icon A	PATH	All
POINTS	1				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Characters provide first-person perspectives on content.				
PAGE LAYOUT	Static text with up to 6 pop-up icons. Bulleted text in pop-ups summarizes character audio. Character images in pop-ups. Nav and Aux buttons active except during pop-ups. Pop-up icons. Media controls and Close button (X) for pop-up windows. No hyperlinks in pop-ups.				

PAGE CONTENT		MEDIA
PAGE TITLE	Care in the ED	
PAGE TEXT1	Dr. Schatz commends you for knowledge on the various SSTI classifications. She then indicates that though Mr. Marks will be admitted to the institution, most patients with SSTIs are discharged from the ED after receiving treatment. Gain her perspective on outpatient care of SSTIs.	{{Note: 790–850ч 19ℓ.}}
MESSAGE1	{{Dr. Schatz}} • Most patients presenting to the ED are treated and discharged without being admitted to the institution • For severe or complicated cases, the patient is kept for further diagnosis and treatment	{{Visual: Image of patient taking medications in home environment. {{Audio: Excellent work. Now I wanted to stress prior to our visit with Mr. Marks that most patients presenting to the Emergency Department are treated and discharged without being admitted. Severe or complex cases are usually admitted.[Dr. Schatz]}}
OSD1	Click the **Perspective** icon. Then click the **Forward** arrow to continue.	
OSD2	Click the **Forward** arrow to continue.	

PAGE DESCRIPTION					
FLOW #	M1T2P4	PAGE TYPE	Flash Card Drill B	PATH	All
POINTS	1				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Learners read intro, and respond to 7–12 flash cards while stopwatch keeps time. Learners self-track correctly versus incorrectly answered cards, which are stacked separately; incorrectly answered cards are available for retry. Results shows correct answers out of total cards over time for first attempt per session. See \\andromeda\vdata\DEPARTMENTS\ID\Resources_Assessments\Question Writing Guidelines_Vitesse_v2.1.doc.				
PAGE LAYOUT					

PAGE CONTENT		MEDIA
PAGE TITLE	Skin and Soft Tissue Classification	
PAGE TEXT1	In this activity, you will exercise both your knowledge *and* your speed as you progress toward fluency with these definitions. This drill is intended for practice only—it is not a test. **Instructions** 1. Read the front of each flash card, and quickly say the corresponding term aloud. 2. Click the flash card, or press the **Spacebar**, to review the answer on the back of the card. 3. Click **Correct** or **Incorrect** to self-track your accuracy and continue the activity. 4. At the end of the drill, click **Retry** to review the cards you answered incorrectly on your previous attempt. Answer as correctly and as swiftly as you can. Both accuracy and time count.	{{Note: LID and copyeditor modify terms as needed.}}
PAGE TEXT2	Good try. Click **Retry** to review the cards you missed. After you have correctly responded to all the cards, the Results page will appear automatically. Keep in mind that your scores on the Results page reflect only your first try for each practice session. Reviewing the cards you missed will not improve your score for this session.	
OSD1	Click **Begin** to get started.	
OSD2	Click the flash card to flip it over. Then click **Correct** or **Incorrect**.	
OSD3	Click **Retry** to run the drill again, or click the **Forward** arrow to continue.	

QUESTION NUMBER	Q1	Correct/Incorrect
QUESTION	Multiple Choice	

TYPE		
QUESTION TEXT	A severe, diffusive infection of the skin, expanding more deeply into the subcutaneous tissues.	{{Audio: Cellulitis [narrator]}}
A.	**Cellulitis**	{{Note: QText 50ч 2ℓ; A 160ч 5ℓ. No scroll!}}
CORRECT FEEDBACK	[[Nonexporting.]]	
INCORRECT FEEDBACK	[[Nonexporting.]]	
RANDOMIZE CHOICES	No	
POINTS	1	
REMEDIATION		
PATH/POOL	All	

QUESTION NUMBER	Q2	Correct/Incorrect
QUESTION TYPE	Multiple Choice	
QUESTION TEXT	This infection occurs from lying in one position for too long so that the circulation in the skin is compromised by the pressure.	{{Audio: Decubitus Ulcer [narrator]}}
A.	**Decubitus Ulcer**	{{Note: QText 50ч 2ℓ; A 160ч 5ℓ. No scroll!}}
CORRECT FEEDBACK	[[Nonexporting.]]	
INCORRECT FEEDBACK	[[Nonexporting.]]	
RANDOMIZE CHOICES	No	
POINTS	1	
REMEDIATION		
PATH/POOL	All	

QUESTION NUMBER	Q3	Correct/Incorrect
QUESTION TYPE	Multiple Choice	
QUESTION TEXT	A common infection in patients with diabetes, the ulcer can first start as cellulitis, soft tissue necrosis, or osteomyelitis in patients with peripheral neuropathy.	{{Audio: Diabetic Foot Ulcer [narrator]}}
A.	**Diabetic Foot Ulcer**	{{Note: QText 50ч 2ℓ; A 160ч 5ℓ. No scroll!}}
CORRECT FEEDBACK	[[Nonexporting.]]	
INCORRECT FEEDBACK	[[Nonexporting.]]	
RANDOMIZE CHOICES	No	
POINTS	1	

REMEDIATION		
PATH/POOL	All	

QUESTION NUMBER	Q4	Correct/Incorrect
QUESTION TYPE	Multiple Choice	
QUESTION TEXT	An atypical subcutaneous infection that goes beyond superficial evidence of infection and marks along fascial planes.	{{Audio: Necrotizing Fasciitis[narrator]}}
A.	**Necrotizing Fasciitis**	{{Note: QText 50ч 2ℓ; A 160ч 5ℓ. No scroll!}}
CORRECT FEEDBACK	[[Nonexporting.]]	
INCORRECT FEEDBACK	[[Nonexporting.]]	
RANDOMIZE CHOICES	No	
POINTS	1	
REMEDIATION		
PATH/POOL	All	

QUESTION NUMBER	Q5	Correct/Incorrect
QUESTION TYPE	Multiple Choice	
QUESTION TEXT	This infection comes from domesticated, feral, and exotic animals, as well as humans. Most injuries are considered mild.	{{Audio: Animal Bite[narrator]}}
A.	**Animal Bite**	{{Note: QText 50ч 2ℓ; A 160ч 5ℓ. No scroll!}}
CORRECT FEEDBACK	[[Nonexporting.]]	
INCORRECT FEEDBACK	[[Nonexporting.]]	
RANDOMIZE CHOICES	No	
POINTS	1	
REMEDIATION		
PATH/POOL	All	

QUESTION NUMBER	Q6	Correct/Incorrect
QUESTION TYPE	Multiple Choice	
QUESTION TEXT	Only involves the subcutaneous area, which is between the skin and underlying muscles.	{{Audio: Superficial Incisional[narrator]}}
A.	**Superficial Incisional**	{{Note: QText 50ч 2ℓ; A 160ч 5ℓ. No scroll!}}
CORRECT FEEDBACK	[[Nonexporting.]]	
INCORRECT FEEDBACK	[[Nonexporting.]]	
RANDOMIZE	No	

CHOICES		
POINTS	1	
REMEDIATION		
PATH/POOL	All	

QUESTION NUMBER	Q7	Correct/Incorrect
QUESTION TYPE	Multiple Choice	
QUESTION TEXT	Collections of pus within the dermis and deeper skin tissues.	{{Audio: Cutaneous Abscesses[narrator]}}
A.	**Cutaneous Abscesses**	{{Note: QText 50ч 2ℓ; A 160ч 5ℓ. No scroll!}}
CORRECT FEEDBACK	[[Nonexporting.]]	
INCORRECT FEEDBACK	[[Nonexporting.]]	
RANDOMIZE CHOICES	No	
POINTS	1	
REMEDIATION		
PATH/POOL	All	

PAGE DESCRIPTION					
FLOW #	M1T2P5	PAGE TYPE	Flash Card Drill Results	PATH	All
POINTS	1				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Learners review quantitative results of preceding Flash Card Drill B.				
PAGE LAYOUT	Text is all canned. Page displays dynamically generated results of up to 20 attempts for the preceding Flash Card Drill B in a line graph showing correct per minute (y-axis) and attempts (x-axis), categorizing each attempt as Novice, Intermediate, or Advanced. Each plotted attempt has a rollover showing score, time, session date and time. No audio. Back is inactive; Next is active. Aux buttons. Retry button restarts preceding Flash Card Drill B. This page *must* be used after *every* Flash Card Drill B.				

PAGE CONTENT		MEDIA
PAGE TITLE	Results	
PAGE TEXT1	**How Well Did You Do?** You correctly responded to [xx1] out of [xx7] flash cards, for a rate of [xx2] correct responses per minute. Experts can correctly respond to over 11 flash cards per minute. It took you [xx3] to finish. Your highest score to date is [xx4] correct responses per minute. Roll your mouse pointer over the data points for details on your results from each session.	{{Note: LID identifies expert level.}}
OSD1	Click **Retry** to run the drill again, or click the **Forward** arrow to continue.	

<<Topic #3: Module Assessment>>

PAGE DESCRIPTION					
FLOW #	M1T3P1	PAGE TYPE	Card Sort With Graphics	PATH	All
POINTS	1				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Learners read intro, and drag cards to appropriate categories (stacks) for feedback.				
PAGE LAYOUT	PT1 intro with Begin button. Cards with graphics. 2–4 target stacks (categories). Stack headers must remain consistent throughout activity! No audio. No PT1 visual. Nav and Aux buttons. Per-card CFb and IFb. See Expanded Scripting Notes in XXXX_spec.doc.				

PAGE CONTENT		MEDIA
PAGE TITLE	SSTI Match-Up	
PAGE TEXT1	See how much you know about SSTIs. Drag the images to their appropriate classification.	{{Note: Use 193ч 6ℓ.}}
OSD1	Click **Begin** to get started.	
OSD2	Drag each card to the correct location.	
OSD3	Click the **Forward** arrow to continue.	

QUESTION NUMBER	Q1	Correct/Incorrect
QUESTION TYPE	Multiple Choice	{{Note: Always Multiple Choice.}}
QUESTION TEXT	What type of infection is this?	{{Visual: Image of Surgical Site Infection, Deep Incisional}}
A.	**Cellulitis**	I
B.	**Diabetic Foot Ulcer**	I
C.	**Abscess**	I
D.	**Surgical Site Infection**	C
CORRECT FEEDBACK	That's correct! This is an image of a deep incisional infection. This is evident through the infection of the deep soft tissue surrounding the prosthetic.	
INCORRECT FEEDBACK	Incorrect. This is an image of a deep incisional infection. This is evident through the infection of the deep soft tissue surrounding the prosthetic.	
POINTS	1	
REMEDIATION		
PATH/POOL	All	

QUESTION NUMBER	Q2	Correct/Incorrect
QUESTION TYPE	Multiple Choice	{{Note: Always Multiple Choice.}}
QUESTION TEXT	What type of infection is this?	{{Visual: Image of a diabetic foot ulcer.}}
A.	**Cellulitis**	I
B.	**Diabetic Foot Ulcer**	C
C.	**Abscess**	I
D.	**Surgical Site Infection**	I

CORRECT FEEDBACK	That's correct! This diabetic foot ulcer is non-limb-threatening, because the cellulitis surrounding the area of entry is 0 2 cm.	
INCORRECT FEEDBACK	Incorrect. This diabetic foot ulcer is non-limb-threatening, because the cellulitis surrounding the area of entry is 0 2 cm.	
POINTS	1	
REMEDIATION		
PATH/POOL	All	

QUESTION NUMBER	Q3	Correct/Incorrect
QUESTION TYPE	Multiple Choice	{{Note: Always Multiple Choice.}}
QUESTION TEXT	What type of infection is this?	{{Visual: Image of cellulitis}}
A.	**Cellulitis**	C
B.	**Diabetic Foot Ulcer**	I
C.	**Abscess**	I
D.	**Surgical Site Infection**	I
CORRECT FEEDBACK	That's correct! This image of cellulitis shows a spreading infection with skin that resembles an orange peel.	
INCORRECT FEEDBACK	Incorrect. This image of cellulitis shows a spreading infection with skin that resembles an orange peel.	
POINTS	1	
REMEDIATION		
PATH/POOL	All	

QUESTION NUMBER	Q4	Correct/Incorrect
QUESTION TYPE	Multiple Choice	{{Note: Always Multiple Choice.}}
QUESTION TEXT	What type of infection is this?	{{Visual: Image of cellulitis, different from Q3}}
A.	**Cellulitis**	C
B.	**Diabetic Foot Ulcer**	I
C.	**Abscess**	I
D.	**Surgical Site Infection**	I
CORRECT FEEDBACK	That's correct! This image of cellulitis shows a spreading infection deep into the subcutaneous tissue.	
INCORRECT FEEDBACK	Incorrect. This image of cellulitis shows a spreading infection deep into the subcutaneous tissue.	
POINTS	1	
REMEDIATION		
PATH/POOL	All	

QUESTION NUMBER	Q5	Correct/Incorrect
QUESTION TYPE	Multiple Choice	{{Note: Always Multiple Choice.}}

QUESTION TEXT	What type of infection is this?	{{Visual: Image of a superficial incisional}}
A.	**Cellulitis**	I
B.	**Diabetic Foot Ulcer**	I
C.	**Abscess**	I
D.	**Surgical Site Infection**	C
CORRECT FEEDBACK	That's correct! This image is displaying a surgical incision with infection around the subcutaneous area, making this a superficial incisional infection.	
INCORRECT FEEDBACK	Incorrect. This image is displaying a surgical incision with infection around the subcutaneous area, making this a superficial incisional infection.	
POINTS	1	
REMEDIATION		
PATH/POOL	All	

QUESTION NUMBER	Q6	Correct/Incorrect
QUESTION TYPE	Multiple Choice	{{Note: Always Multiple Choice.}}
QUESTION TEXT	What type of infection is this?	{{Visual: Image of furuncles}}
A.	**Cellulitis**	I
B.	**Diabetic Foot Ulcer**	I
C.	**Abscess**	C
D.	**Surgical Site Infection**	I
CORRECT FEEDBACK	That's correct! This image of furuncles shows an infection to the hair follicle with the formation of a pustuale. If several adjacent follicles were shown with infection it would have been termed a carbuncle.	
INCORRECT FEEDBACK	Incorrect. This image of furuncles shows an infection to the hair follicle with the formation of a pustuale. If several adjacent follicles were shown with infection it would have been termed a carbuncle.	
POINTS	1	
REMEDIATION		
PATH/POOL	All	

QUESTION NUMBER	Q7	Correct/Incorrect
QUESTION TYPE	Multiple Choice	{{Note: Always Multiple Choice.}}
QUESTION TEXT	What type of infection is this?	{{Visual: Image of impetigo}}
A.	**Cellulitis**	I
B.	**Diabetic Foot Ulcer**	I
C.	**Abscess**	C
D.	**Surgical Site Infection**	I
CORRECT FEEDBACK	That's correct! These microscopic, pus-filled blisters are impetigo. They usually occur in children on the face or extremities.	
INCORRECT	Incorrect. These microscopic, pus-filled blisters	

FEEDBACK	are impetigo. They usually occur in children on the face or extremities.	
POINTS	1	
REMEDIATION		
PATH/POOL	All	

<<Topic #4: Module Summary>>

PAGE DESCRIPTION					
FLOW #	M1T4P1	PAGE TYPE	Module Summary – 2 columns	PATH	All
POINTS	1				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Summary of key points covered in module. Onscreen text is printable.				
PAGE LAYOUT	PT1 and PT2 2-c bulleted list of M key points (for more than 200 words—use Module Summary – 1 column for less than 200 words). Audio as needed. Nav and Aux buttons. Print icon. Printed page includes branding, "Course #: Course Title"/"Module #: Module Title", PT1, PT2, print disclaimer, "page x of y".				

PAGE CONTENT		MEDIA
PAGE TITLE	Highlights	

PAGE TEXT1	Here is a list of highlights from the module:
	• The various SSTIs have considerable similarities in clinical presentation, making identification of the etiology difficult
	• Cutaneous abscesses are collections of pus within the dermis and deep skin tissues.
	  o Common types are folliculitis, furuncles, carbuncles, and impetigo.
	• Cellulitis and erysipelas are types of spreading infection of the upper and deeper dermal layers
	• Decubitus ulcers occur from lying in one position for too long so that the circulation in the skin is compromised by the pressure
	• Diabetic foot ulcers can be either non-limb-threatening or limb-threatening depending on severity and size of ulcer and toxicity
	  o Non-limb-threatening infections will not contain systemic toxicity and will have superficial amounts of cellulitis
	  o Limb-threatening infections will have more widespread cellulitis and ulcers that break the skin
		{{Note: Canned intro. Use 800–1120ч 20ℓ.}}

PAGE TEXT2	• Necrotizing fasciitis is an atypical subcutaneous infection that goes beyond superficial evidence of infection • Animal bites can come from domesticated, feral, and exotic animals, as well as humans • Surgical site infections can either be superficial or deep incisional or be associated with organs and the spaces between them	{{Note: 500–730ч 13ℓ.}}
OSD1	Click the **Forward** arrow to continue.	

<<Module #2: Diagnosis and Treatment>>
<<Topic #1: Module Overview>>

PAGE DESCRIPTION					
FLOW #	M2T1P1	PAGE TYPE	Word From an Expert	PATH	All
POINTS	1				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Learners read and listen to thought-provoking Training Assistant message about upcoming content.				
PAGE LAYOUT	PT1 with verbatim audio from Training Assistant, with Training Assistant image. Nav and Aux buttons. Media controls. Page is hook *only*.				

PAGE CONTENT		MEDIA
PAGE TITLE	Surgical Site Infection Statistics	
PAGE TEXT1	The typical timeframe for an infection to occur after an operation is 48 hours. This type of infection accounts for 38% of nosocomial infections in surgical patients and is the most common adverse event following surgery. [[Stevens, 2005, pg 1393, col 1, para 2]]As we finish our morning rounds, we will discuss settings where patients present, look at tests and methods for diagnosis, speak with a microbiologist about pathogens, and visit the clinical pharmacist to discuss treatment of skin and soft tissue infections (SSTIs).	{{Audio: The typical timeframe for an infection to occur after an operation is forty-eight hours. This type of infection accounts for thirty-eight percent of nosocomial infections in surgical patients and is the most common adverse event following surgery. [[Stevens, 2005, pg 1393, col 1, para 2]]As we finish our morning rounds, we will discuss settings where patients present, look at tests and methods for diagnosis, speak with a microbiologist about pathogens, and visit the clinical pharmacist to discuss treatment of skin and soft tissue infections.[[ta1m]]}
OSD	Click the **Forward** arrow to continue.	

PAGE DESCRIPTION					
FLOW #	M2T1P2	PAGE TYPE	Section Transition	PATH	All
POINTS	5				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Reinforces the user moving to a new section of the hospital.				
PAGE LAYOUT	PT1 Quick animation with an image of the next background section.				

PAGE CONTENT		MEDIA
PAGE TITLE	Moving to Patient's Room	
PAGE TEXT1	{{non-exporting}}	{{Visual: Background image #5}}
OSD1	Click the **Forward** arrow to continue.	

<<Topic #2: Admissions and Diagnosis>>

PAGE DESCRIPTION					
FLOW #	M2T2P1	PAGE TYPE	Patient Profile	PATH	All
POINTS	5				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Learners read intro, review case profile, listen to industry professional commentary, and examine fact file.				
PAGE LAYOUT	PT1 intro. PT2 profile with case subject headshot and industry professional audio. PT3 and PT4, 2-column fact file thumbnail rollover pop-up. Nav and Aux buttons. Media controls. See Expanded Scripting Notes in XXXX_specs.doc.				

PAGE CONTENT		MEDIA
PAGE TITLE	The Marks Case	
PAGE TEXT1	Everyone has now gathered for morning rounds, and the team is waiting outside the patient's room. You will now present the case to the attending physician.	
PAGE TEXT2	**Patient:** Mr. Marks **Age:** 34 **History:** Patient has diabetes mellitus and has no known drug allergies and is otherwise healthy. He currently is not using any systemic or topical medications **Presentation:** Three- to 4-day history of increasing pain and tenderness located at neck and feeling feverish. **Physical Exam:** Temperature 102oF (normal 98.6° with some variability); Large abscess on the back of the neck, hair has emerged through inflamed nodules. Apparent overlying pustules.	{{Visual: Subject headshot of resident}} {{Audio: Mr. Marks is a 34-year-old male who presented to the emergency room with a three to four day history of increasing pain and tenderness located on the back of his neck. Patient is diabetic, has no known drug allergies and is otherwise healthy. Upon physical examination, Mr. Marks's neck shows large absecces with overlying pustules; hair has emerged through inflamed nodules. His temperature is one hundred and two, and he appears quite ill.[Resident]}}
PAGE TEXT3	{{Presentation and Outpatient Care}} Most patients with SSTIs will initially present to the primary care physician or the emergency room. The majority of cases may be treated with oral antibiotics in the outpatient setting.	{{Visual: Thumbnail of the Fact File, which enlarges when clicked.}}
OSD1	Roll your mouse pointer over the **Fact File** for more information.	
OSD2	Click the **Forward** arrow to continue.	

PAGE DESCRIPTION					
FLOW #	M2T2P2	PAGE TYPE	Dialog w/ commentary	PATH	All
POINTS	5				
LEARNER OBJECTIVES	List tests and methods for diagnosis of skin and soft tissue infections.				
LEARNER EXPERIENCE	Learners read intro, and then read and listen to segmented scenario dialog with periodic expert commentary. Learners can move about in the dialog at will.				
PAGE LAYOUT	PT1 scenario intro with header, audio with controls, headshots of dialog characters, and Begin button. Dialog timeline with clickable character speech segments and expert commentary nodes; all segments and nodes are available at all times. Dialog segments typically contain no more than ~30 words. Pause/Play button moves with timeline. Character headshots with speech bubbles and verbatim audio for each segment. Expert commentary has Message header, Training Assistant's elaborative audio with summative bulleted list, no visual, and Continue button; last expert commentary has Replay button (no Continue button), character headshots, and Training Assistant image. Review Scenario button recalls PT1 with header, audio with controls, headshots, and Continue button that resumes dialog. Nav and Aux buttons active except during scenario review. See Expanded Scripting Notes in XXXX_specs.doc.				

PAGE CONTENT		MEDIA
PAGE TITLE	Epidemiological Considerations	
PAGE TEXT1	{{Obtaining Patient History}} The attending physician notes the importance of gathering epidemiologic information on patients to help build the case for diagnosis and exams. She asks why it is important to have this information and what key data should be obtained for building a patient history.	{{Visual: Headshot of Attending Physician and Resident {{Audio: Because infections have diverse etiologies that depend in part on epidemiologic setting, obtaining a careful history is vital to developing appropriate diagnosis.[Dr. Schatz]}}
MESSAGE		{{Note: 30ч. No scroll! DC header.}}
OSD1	Click **Begin** to get started.	
OSD2	Listen to the dialog.	
OSD3	Click **Continue**.	
OSD4	Click the **Forward** arrow or **Replay**.	

DIALOG PART 1		
DESCRIPTION	{{Dialog Title}}[[Nonexporting.]]	{{Note: For more dialog parts, duplicate component and renumber tags.}}
SPEAKER 1	{{Dr. Schatz}} What information should be acquired from the patient during the history?	{{Audio: What information should be acquired from the patient during the history?[Dr. Schatz]}}
SPEAKER 2	{{Resident}}	{{Audio: We should ask

	We should ask about any recent trauma or surgery, lifestyle and hobbies, and their immune system status. [[Stevens, 2005, pg 1378, col 1, para 3]]	about any recent trauma or surgery, lifestyle and hobbies, and their immune system status.[[Stevens, 2005, pg 1378, col 1, para 3]][Resident]}}
SPEAKER 1	{{Dr. Schatz}} Yes, these are all correct. What other questions would be important to ask?	{{Audio: Yes, these are all correct. What other questions would be important to ask?[Dr. Schatz]}}
SPEAKER 2	{{Resident}} Knowing their travel history, geographical location, exposure to animals and bites, and if they had any previous antimicrobial therapy is also very important. [[Stevens, 2005, pg 1378, col 1, para 3]]	{{Audio: Knowing their travel history, geographical location, exposure to animals and bites, and if they had any previous antimicrobial therapy is also very important.[[Stevens, 2005, pg 1378, col 1, para 3]][Resident]}}
SPEAKER 1	{{Dr. Schatz}} Excellent, you definitely understand the significance of obtaining a careful history.	{{Audio: Excellent, you definitely understand the significance of obtaining a careful history.[Dr. Schatz]}}
DISPLAY COMMENT	{{Chief of Infectious Diseases}} Be sure to ask the patient about: • Previous antimicrobial therapy • Immune status • Geographical location • Travel history • Animal exposure and bites • Lifestyle and hobbies • Recent trauma or surgery [[Stevens, 2005, pg 1378, col 1, para 3]]	{{Audio: To adequately provide a differential diagnosis and a guide for specific etiological agents, it is critical that a thorough patient history be obtained. Be sure to ask the patient about their previous antimicrobial therapy, immune status, geographical location, travel history, animal exposure and bites, lifestyle and hobbies, and recent trauma or surgery.[[Stevens, 2005, pg 1378, col 1, para 3]][CID]}}
DISPLAY QUESTION	[[Nonexporting.]]	

<<Topic #3: Diagnosis>>

PAGE DESCRIPTION					
FLOW #	M2T3P1	PAGE TYPE	Uber Explore	PATH	All
POINTS	5				
LEARNER OBJECTIVES	List tests and methods for diagnosis of SSTIs.				
LEARNER EXPERIENCE	Learners read intro, and click items to display additional information. Page can include audio, animations, graphics, tabs, and tables in limitless combinations.				
PAGE LAYOUT					

PAGE CONTENT		MEDIA
PAGE TITLE	Signs and Symptoms of SSTIs	
PAGE TEXT1	As you continue to discuss the Marks case with Dr. Schatz on morning rounds, she inquires about the signs and symptoms that help differentiate the various SSTIs. Explore the signs and symptoms of SSTIs.	{{Audio: What are the signs and symptoms for each of the classifications of skin and soft tissue infections?[Dr. Schatz]}}
CLICK TEXT	• Abcesses • Cellulitis and Erysipelas • Necrotizing SSTIs • Animal Bites • Surgical Site Infections	
OSD1	Click each item. Then click the **Forward** arrow to continue.	
OSD2	Click the **Forward** arrow to continue.	
	{{Cutaneous Abscesses}} Paitients with any cutaneous abscess have painful and tender nodules, which vary in degree of redness. There may also be swelling surrounding the infected area. [[Stevens, 2005, pg 1379, col 2, para 2]]	{{Audio: Notice that patients with a cutaneous abscess will usually have painful and tender nodules, with a rash swelling around the infected area. [[Stevens, 2005, pg 1379, col 2, para 2]][Resident]}}
	{{Furuncle Appearance}} Furuncles are denoted through an inflammatory nodule that has an overlying pustule through which the hair emerges. [[Stevens, 2005, pg 1379, col 2, para 4]]	{{Audio: Furuncles differ in appearance; they will have an inflamed nodule with an overlying pustule through which the hair emerges. [[Stevens, 2005, pg 1379, col 2, para 4]][Resident]}}
DISPLAY TEXT1A	{{Signs and Symptoms}} Patients with cellulitis or erysipelas typically have an infection on their lower legs; however, infection may occur on any part of the skin. This infection is denoted	{{Audio: Look for infection that is quickly spreading edema with redness

PAGE CONTENT		MEDIA
	by quickly spreading areas of edema, redness, and heat. These symptoms may be paired with lymphangitis and regional lymph node inflammation. The skin may have the appearance of an orange peel. Systemic manifestations (typically mild) that should be considered for cellulitis or erysipelas are fever, confusion, hypotension, tachycardia (increased heart rate), and leukocytosis (increased number of white blood cells). Other signs and symptoms include blisters filled with virus particles or with clear liquid and cutaneous hemorrhages [[Stevens, 2005, pg 1380, col 2, para 5]].	and heat with an appearance similar to an orange peel. [[Stevens, 2005, pg 1380, col 2, para 5]] We have admitted Mr. Marks because his signs and symptoms were severe enough to warrant treatment in an institutional setting.[Resident]}} {{Image: Patient Showing Physical Symptoms of Cellulitis}}
DISPLAY TEXT1B	{{Need for Admission}} When the infection is severe, admitting the patient is recommended. Patients with systemic symptoms who cannot tolerate oral medications should also be admitted. Most cases may be treated with an oral antibiotic in an outpatient setting. [[Stevens, 2005, pg 1381, col 2, para 5]]	{{Image: Patient Being Moved through Institution via Gurney}}
DISPLAY TEXT2A	It is important to discern necrotizing disease from cellulitis at the start. If antibiotic therapy does not succeed at stabilizing the infection or there is a hard, wooden feel to the subcutaneous tissue extending beyond the apparent skin involvement, necrotizing fasciitis should be considered. [[Stevens, 2005, pg 1383, col 1, para 2]] Appearances of swollen and gray fascia with stringy areas of necrosis with a brownish exudate emerging from the wound are other key symptoms. There is usually no pus. [[Stevens, 2005, pg 1384, col 1, para 2]] Systemic manifestations are fever, disorientation, and lethargy. [[Stevens, 2005, pg 1383, col 2, para 1]] Patients presenting with necrotizing fasciitis may have severe, constant pain; bullous lesions; skin necrosis or cutaneous hemorrages; gas in the soft tissues; edema that extends beyond erythema; and systemic toxicity manifested as fever, leukocytosis, delirium, and renal failure. [[Stevens, 2005, pg 1383, col 1, para 2]]	{{Audio: When first looking at the symptoms for necrotizing fasciitis, ensure that the infection is not truly cellulitis. A hard, wooden feel to the subcutaneous tissue extending beyond the skin lesion is a clear indication of necrotizing fasciitis[[Stevens, 2005, pg 1383, col 1, para 2]][Resident]}} {{Image: Patient Showing Physical Symptoms of Necrotizing Fasciitis}}
DISPLAY TEXT3A	An animal bite is usually evident through a bite pattern or markings on the surface of the skin. Injuries may consist of pus and have systemic manifestations, such as fever.	{{Audio: Look for bite patterns and possible purulence to determine if the patient has an

PAGE CONTENT		MEDIA
		animal bite.[Resident]}} {{Image: Patient Showing Physical Symptoms of an Animal Bite}}
DISPLAY TEXT4A	Both superficial and deep incisional surgical site infections must have a minimum of one of the following signs or symptoms: • An incisional drain with purulence • A positive culture of aseptically acquired fluid or tissue from a surface wound • Pain or tenderness, swelling, and redness locally to the incision opened by the surgeon[[Stevens, 2005, pg 1393, col 1, para 3]] The symptoms of a superficial incisional surgical site infection will show more immediate signs of infection, typically within 48 hours, with local symptoms at the surgical site. [[Stevens, 2005, pg 1377, col 1, para 2]] The symptoms of a deep incisional surgical site infection will appear in the deep layers of the soft tissue within 30 days of surgery or within a year of surgery to insert prosthesis. [[Stevens, 2005, pg 1393, col 1, para 4]]	{{Audio: For differentiation between superficial and deep incisional the superficial infection will have symptoms at a surface layer and will appear more quickly.[Stevens, 2005, pg 1393, col 1, para 4]][Resident]}} {{Image: Patient Showing Physical Symptoms of Superficial Incisional Infection.}}

PAGE DESCRIPTION					
FLOW #	M2T3P2	PAGE TYPE	Sales Forum	PATH	All
POINTS	5				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Learners read intro, and then read and enter answers to questions from four panelists, and compare their own responses to those of an expert.				
PAGE LAYOUT					

PAGE CONTENT		MEDIA
PAGE TITLE	Recap of SSTIs	
PAGE TEXT1	You are taking a break with your fellow residents. You continue to discuss skin and soft tissue infections. Roll your mouse pointer over each person. To respond to a question, click the person, and then enter your response. Click **Submit** after each question to compare your answer to that of an expert. Good luck!	
MESSAGE	Enter response here.	
OSD1	Respond to each question. Then click the **Forward** arrow to continue.	
OSD2	Click the **Forward** arrow to continue.	

QUESTION NUMBER	Q1	Correct/Incorrect
QUESTION TYPE	Essay	
QUESTION TEXT	**Question 1** Which skin and soft tissue infection best fits the description of these signs and symptoms? Patient presents with a tender, swollen lower left calf with edema and redness. There is heat with the infected area. The patient has a mild fever.	
KEY WORD	[[Nonexporting.]]	
CORRECT FEEDBACK	Cellulitis or erysipelas.	
INCORRECT FEEDBACK	[[Nonexporting.]]	
POINTS	1	
PATH/POOL	All	

QUESTION NUMBER	Q2	Correct/Incorrect
QUESTION TYPE	Essay	
QUESTION TEXT	**Question 2** What are the signs and symptoms of an animal bite?	
KEY WORD	[[Nonexporting.]]	
CORRECT FEEDBACK	An animal bite is usually evident through a bite pattern or markings on the surface of the skin. Injuries may consist of pus and have systemic manifestations, such as fever.	
INCORRECT	[[Nonexporting.]]	

FEEDBACK		
POINTS	1	
PATH/POOL	All	

QUESTION NUMBER	Q3	Correct/Incorrect
QUESTION TYPE	Essay	
QUESTION TEXT	**Question 3** Which SSTI best fits the description of these signs and symptoms? The patient denotes a tender and painful light-red nodule on their arm. The nodule has an overlying pustule and what appears to be an emerging hair.	
KEY WORD	[[Nonexporting.]]	
CORRECT FEEDBACK	Furuncle.	
INCORRECT FEEDBACK	[[Nonexporting.]]	
POINTS	1	
PATH/POOL	All	

QUESTION NUMBER	Q4	Correct/Incorrect
QUESTION TYPE	Essay	
QUESTION TEXT	**Question 4** What are the signs and symptoms of necrotizing fasciitis?	
KEY WORD	[[Nonexporting.]]	
CORRECT FEEDBACK	A hard, wooden feel to the subcutaneous tissue extending beyond the skin lesion and the appearances of swollen and gray fascia with stringy areas of necrosis with a brownish exudate emerging from the wound are key symptoms. There is usually no pus. The patient may also have a fever; feel disoriented or lethargic; or have severe constant pain, bullous lesions, skin necrosis or ecchymosis, gas in the soft tissues, and edema that extends beyond erythema.	
INCORRECT FEEDBACK	[[Nonexporting.]]	
POINTS	1	
PATH/POOL	All	

PAGE DESCRIPTION					
FLOW #	M2T3P3	PAGE TYPE	Static Text w/Icon	PATH	All
POINTS	5				
LEARNER OBJECTIVES	List tests and methods for diagnosis of SSTIs.				
LEARNER EXPERIENCE	Characters provide first-person perspectives on content.				
PAGE LAYOUT	Static text with up to 6 pop-up icons. Bulleted text in pop-ups summarizes character audio. Character images in pop-ups. Nav and Aux buttons active except during pop-ups. Pop-up icons. Media controls and Close button (X) for pop-up windows. No hyperlinks in pop-ups.				

PAGE CONTENT		MEDIA
PAGE TITLE	Using Diagnostic Tests and Exams	
PAGE TEXT1	Now that you have covered the signs and symptoms, Dr. Schatz quizzes you about common tests used in the diagnosis of SSTIs.	{{Note: 790–850ч 19ℓ.}}
MESSAGE1	{{Physician Perspective}} • Performing tests is not routinely recommended for certain types of SSTIs as results from these tests may be inconsistent or unreliable [[Stevens, 2005, pg 1381, col 2, para 2]] • Cutaneous abscesses may have a gram stain and culture performed, but rarely.[[Stevens, 2005, pg 1379, col 2, para 3]] • Mr. Marks's signs and symptoms indicate that he has carbuncles, for which tests are not routinely conducted.	{{Audio: There are a few tests performed that aid in the diagnosis of SSTIs. However, it is not routine to perform tests, because of the lack of reliable results. [[Stevens, 2005, pg 1381, col 2, para 2]][Dr. Schatz]}}
MESSAGE1	{{Chief of Infectious Diseases}} • An important consideration is the increasing prevalence of community-acquired MRSA. • Community-acquired strains differ from institutionally-acquired strains in several ways, including: o Lack of typical risk factors, such as admission in an institution o May be susceptible to non-β-lactam antibiotics o Differ genotypically, as they contain type IV SCCmec cassette not typical in institutionally-acquired strains. o Additionally, community-acquired strains have been shown to contain genes for Panton-Valentine leukocidin [[Stevens, 2003, 1382, col 2, para 1]] o For more information, please refer to Course 3 • To determine resistance and sensitivity a culture would be advisable.	{{Audio: As you learned during medical school, we should consider that this patient may have an infection caused by a methicillin-resistant *S. aurues*. This would warrant a culture and sensitivity test. [CID]}}
OSD1	Click the **Perspective** icon. Then click the **Forward** arrow to continue.	
OSD2	Click the **Forward** arrow to continue.	

PAGE DESCRIPTION					
FLOW #	M2T3P4	PAGE TYPE	Uber Explore	PATH	All
POINTS	5				
LEARNER OBJECTIVES	List tests and methods for diagnosis of SSTIs.				
LEARNER EXPERIENCE	Learners read intro, and click items to display additional information. Page can include audio, animations, graphics, tabs, and tables in limitless combinations.				
PAGE LAYOUT					

PAGE CONTENT		MEDIA
PAGE TITLE	Diagnostic Tests for SSTIs	
PAGE TEXT1	Dr. Schatz directs the team to move to a conference room to discuss diagnostic tests further. She puts in a video and provides you with a binder that the institution keeps up to date with images to accompany tests and exams that are performed for SSTIs. She asks you to review the information and then recommends seeking out a microbiologist and the Clinical Pharmacist to go over pathogens and reconfirm treatment prescribed to the patient. Explore the diagnostic tests.	{{Audio: This binder provides a look at what biopsies, tissue cultures, and gram stains look like for the different types of skin and soft tissue infections we have been discussing today. Visit the Microbiology Lab and the Pharmacy to elaborate on pathogens and confirm the treatment we selected.[Dr. Schatz]}}
CLICK TEXT	• Cellulitis and Erysipelas • Decubitus Ulcers • Diabetic Foot Ulcers • Necrotizing Fasciitis • Surgical Site Infections	{{Note: 40ч/ℓ.}}
OSD1	Click each item. Then click the **Forward** arrow to continue.	
OSD2	Click the **Forward** arrow to continue.	
DISPLAY TEXT1A	For patients presenting with cellulitis or erysipelas, needle aspirations and skin biopsies may be conducted in patients with diabetes mellitus, malignancy, or other unusual predisposing factors. [[Stevens, 2005, pg 1381, col 2, para 2]]	{{Audio: Skin biopsies are best performed when other risk factors are present such as diabetes mellitus or malignancy. [[Stevens, 2005, pg 1381, col 2, para 2]] [Dr. Schatz]}} {{Video: Animated stills of skin biopsy from cellulitis showing growth of infection.]
DISPLAY	To obtain further information, perform a deep tissue	{{Audio: Perform a

PAGE CONTENT		MEDIA
TEXT2A	biopsy.	deep tissue biopsy for further diagnosis.[Dr. Schatz]}} {{Image: Image of a Deep Tissue Biopsy of a Decubitus Ulcer}}
DISPLAY TEXT3A	Deep tissue cultures yield the most positive information on bacteria in diabetic foot infections. To aid in antimicrobial treatment, obtain cultures and gram-stain smears from curettage of the base of the pus-infected area. [[Mandell, 2005, pg 21, para 2]]	{{Audio: Obtain a culture from the curettage of the base of the pus-infected area for diagnosis.[Dr. Schatz]}} {{Image: Image of a Deep Tissue Biopsy of a Diabetic Foot Ulcer}}
DISPLAY TEXT4A	{{Necrotizing Fasciitis—Cultures}} Blood and tissue cultures are two ways to obtain specimens for diagnosis of necrotizing fasciitis. Tissue cultures can be performed through needle aspirations or exploratory incision in the suspicious area. With needle aspirations, it is helpful if fluid is obtained while performing the culture on the advancing edge of the infection. [[Stevens, 2005, pg 1393, col 2, para 2]]	{{Audio: Perform a direct needle aspiration along the advancing edge of the infection. Obtaining fluid during this procedure is most helpful in producing material for culture.[[Stevens, 2005, pg 1393, col 2, para 2]][Dr. Schatz]}} {{Image: Image of a Needle Aspiration of Necrotizing Fasciitis}}
DISPLAY TEXT4B	{{Necrotizing Fasciitis—Gram Stains}} To get the best samples for a gram stain culture, it is recommended to use deep tissues. An infected injury source of contamination is not always indicative of the deep tissue infection. Therapy may begin to take shape through a gram stain exudate with existing pathogens. *Streptococcus* organisms (either group A or anaerobic) will present as gram-positive cocci in chains. *Staphylococcus aureus* will present as large, gram-positive cocci in clumps. This is an atypical primary organism in these types of spreading infections. [[Stevens, 2005, pg 1384, col 1, para 2]]	{{Audio: Gram stains help to determine the pathogen and select therapy. Using the deep tissue will provide for the best cultures.[[Stevens, 2005, pg 1393, col 2, para 2]][Dr. Schatz]}} {{Image: Image of a Gram Stain of Necrotizing Fasciitis}}
DISPLAY TEXT5A	If the infection occurs within 48 hours, it is recommended to obtain a gram stain and culture. The physician or attending surgeon will diagnose the presence of the infection by inspecting the incision point.	{{Audio: Infections of surgical sites usually occur within forty-eight hours. If this

PAGE CONTENT		MEDIA
	[[Stevens, 2005, pg 1393, col 2, para 2]]	occurs, it is recommended to obtain a gram stain and culture at the incision point. [[Stevens, 2005, pg 1393, col 2, para 2]][Dr. Schatz]}} {{Image: Image of a Gram Stain of a Surgical Site Infection}}

PAGE DESCRIPTION					
FLOW #	M2T3P5	PAGE TYPE	Drag and Drop	PATH	All
POINTS	5				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Learners read intro, and drag items to their corresponding locations in a table.				
PAGE LAYOUT	PT1 intro with Begin button. Drag items. Table with c2 containing questions (or items of some kind needing to be matched); c1 cells contain targets for drag items. Additional static columns are supported (c1 is always target). Up to six targets. Unique headers! No audio. No visual. Nav and Aux buttons. Retry button as needed. Canned CFb, IFb, and RetryFb. See Expanded Scripting Notes in XXXX_spec.doc.				

PAGE CONTENT			MEDIA
PAGE TITLE	Diagnostic Test Review		
PAGE TEXT1	See how much you know about diagnostic tests for SSTIs. Given a description of the test being performed, determine which SSTI is being diagnosed.		
OSD1	Click **Begin** to get started.		
OSD2	Drag each item to the correct location.		
OSD3	Click **Retry**.		
OSD4	Click the **Forward** arrow to continue.		
TABLE TITLE	Diagnostic Exam Drag and Drop		
TABLE	**SSTI**	**Test Description**	
	[[Cellulitis]]	Doctor or attending surgeon inspects surgical incision	
	[[Decubitus Ulcer]]	Needle aspiration of the advancing edge of the infection is performed	
	[[Diabetic Foot Ulcer]]	Skin biopsy is obtained on a patient with diabetes mellitus	
	[[Necrotizing Fasciitis]]	Deep tissue biopsy is obtained	
	[[Surgical Site Infection]]	Cultures and gram-stain smears are obtained from curettage of the base of the pus-infected area	
	[[Abscesses]]	Gram stain and culture are rarely necessary	
DRAG TEXT	• Cellulitis • Decubitus Ulcer • Diabetic Foot Ulcer • Necrotizing Fasciitis • Surgical Site Infection • Abscesses		
TARGETS	• 3 • 4 • 5 • 2 • 1 • 6		
FEEDBACK - CORRECT	Well done! You have successfully completed this exercise.		
FEEDBACK -	That's not quite right. Your incorrect answers have		

PAGE CONTENT		MEDIA
TRY AGAIN	returned to their original positions. Please try again.	
FEEDBACK - INCORRECT	That's not quite right. The correct answers are now displayed for you.	

<<Topic #4: Pathogens>>

PAGE DESCRIPTION					
FLOW #	M2T4P1	PAGE TYPE	Dialog w/ commentary	PATH	All
POINTS	5				
LEARNER OBJECTIVES	Outline the treatment principles for SSTIs.				
LEARNER EXPERIENCE	Learners read intro, and then read and listen to segmented scenario dialog with periodic expert commentary. Learners can move about in the dialog at will.				
PAGE LAYOUT					

PAGE CONTENT		MEDIA
PAGE TITLE	Complexity of Treatment	
PAGE TEXT1	{{Diagnosis and Treatment of the Marks Case}} After you review the binder of exams and tests, Dr. Schatz begins to discuss diagnosis and treatment. When you are finished with your discussion and morning rounds, she advises you to meet with the microbiologist, who will review the various pathogens associated with SSTIs, and the clinical pharmacist, who will review treatment options.	{{Visual: Headshot of Resident and Attending Physician}} {{Audio: Right now we need to discuss the diagnosis and treatment of Mr. Marks. Once we have done this, I recommend visiting with the microbiologist and clinical pharmacist.[Dr. Schatz]}}
MESSAGE		{{Note: 30ч. No scroll! DC header.}}
OSD1	Click **Begin** to get started.	
OSD2	Listen to the dialog.	
OSD3	Click **Continue**.	
OSD4	Click the **Forward** arrow or **Replay**.	

DIALOG PART 1		
DESCRIPTION	{{Dialog Title}}[[Nonexporting.]]	{{Note: For more dialog parts, duplicate component and renumber tags.}}
SPEAKER 1	{{Dr. Schatz}} Our case is not out of the ordinary, but pathogen resistant patterns should be considered when determining appropriate antibiotic therapy.	{{Audio: Our case is not out of the ordinary, but pathogen resistant patterns should be considered when determining appropriate antibiotic therapy.[Dr. Schatz]}}
SPEAKER 1	{{Dr. Schatz}} If this case were more complex, an infectious disease specialist would be consulted on the most appropriate anti-infective therapy.	{{Audio: If this case were more complex, an Infectious Disease Specialist would be consulted on the most appropriate anti-infective therapy.[Dr. Schatz]}}
SPEAKER 1	{{Dr. Schatz}} It is also important for us to work alongside the	{{Audio: It is also important for us to work alongside the

	Clinical Pharmacist to ensure proper treatment. The Clinical Pharmacist will make sure that there are no contraindications to the treatment plan and that the proper dose is prescribed. What type of infection does Mr. Marks have?	Clinical Pharmacist to ensure proper treatment. The clinical pharmacist will make sure that there are no contraindications to the treatment plan and that the proper dose is prescribed. What type of infection does Mr. Marks have?[Dr. Schatz]}}
SPEAKER 2	{{Medical Resident}} I believe Mr. Marks has carbuncles. This case does not have any complexities, but it is severe enough that I think it warrants admission due the fact that the patient is diabetic and has developed a fever.	{{Audio: I believe Mr. Marks has carbuncles. This case does not have any complexities, but it is severe enough that I think it warrants admission due to the patient being diabetic and having a fever.[Resident]}}
SPEAKER 1	{{{Dr. Schatz}} Good, I think you are correct in your diagnosis. Although most cases of carbuncles are not treated with oral antibiotics, we should begin treatment on this patient since he has a fever. Let's start Mr. Marks on vancomycin intravenously and order culture and sensitivity tests.	{{Audio: Good, I think you are correct in your diagnosis. Although most cases of carbuncles are not treated with oral antibiotics, we should begin treatment on this patient since he has a fever. Let us start Mr. Marks on vancomycin intravenously and order culture and sensitivity tests. [Dr. Schatz]}}
DISPLAY COMMENT	{{Chief of Infectious Diseases}} • Pathogen resistance patterns should be considered when determining appropriate antibiotic therapy • Depending on the complexity of the case, infectious disease specialists may be consulted with regard to appropriate anti-infective therapies • Diagnosis: carbuncles; admit due to severity of infection	{{Audio: Pathogen resistance patterns should be considered when determining appropriate antibiotic therapy. Depending on the complexity of the case, infectious disease specialists may be consulted with regard to appropriate anti-infective therapies. The diagnosis for the Marks case is carbuncles with a recommendation for admission due to severity of infection.[CID]}}
DISPLAY QUESTION	[[Nonexporting.]]	

PAGE DESCRIPTION					
FLOW #	M2T4P2	PAGE TYPE	Section Transition	PATH	All
POINTS	7				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Reinforces the user moving to a new section of the hospital.				
PAGE LAYOUT	PT1 Quick 3D animation with a image of the next background section.				

PAGE CONTENT		MEDIA
PAGE TITLE	Moving to the Microbiology Lab	
PAGE TEXT1	{{non-exporting}}	{{Visual: Background image #7}}
OSD1	Click the **Forward** arrow to continue.	

PAGE DESCRIPTION					
FLOW #	M2T4P3	PAGE TYPE	Uber Explore	PATH	All
POINTS	7				
LEARNER OBJECTIVES	List the pathogens associated with SSTIs.				
LEARNER EXPERIENCE	Learners read intro, and click items to display additional information. Page can include audio, animations, graphics, tabs, and tables in limitless combinations.				
PAGE LAYOUT	PT1 intro. CT3–6, starting on second line below PT1. CT is DT header. Length of PT1 determines maximum number of CTs. DT supports 0–4 tabs. Audio as needed. No visual on pageload. Visual can be added to any tab. Animation or video can be added to any tab. Table can be added to any tab. Nav and Aux buttons. Animation playhead present as needed. Media controls accompany all standalone audio. Text is optional on all tabs, all types. Tables have a maximum of ## r, ## c. Number of c/r must be constant, and determines cell ч limits (e.g., 3x6 table: 58ч per cell/3ℓ). No table title. Unique column headers. See Expanded Scripting Notes in XXXX_specs.doc.				

PAGE CONTENT		MEDIA
PAGE TITLE	Pathogens Related to SSTIs	
PAGE TEXT1	You visit the microbiology lab to help you understand the various pathogens associated with SSTIs. The microbiologist on duty sits you in front of a microscope to provide you slides of pathogens. He also provides you a list showing the type of infection and the associated pathogens. Explore the pathogens for each type of SSTI.	{{Audio: As you review the list, look at that slides I provide you under the microscope to gain an idea of what we look for when cultures and biopsies are obtained.[Microbiologist]}}
CLICK TEXT	• Abscesses • Cellulitis and Erysipelas • Decubitus Ulcers • Diabetic Foot Ulcers • Necrotizing Fasciitis • Animal Bites • Surgical Site Infection	
OSD1	Click each item. Then click the **Forward** arrow to continue.	
OSD2	Click the **Forward** arrow to continue.	
DISPLAY TEXT1A	• Usually polymicrobial with bacteria that comprises the normal regional skin flora [[Stevens, 2005, pg 1379, col 2, para 2]] • S. *aureus* is present in about 25% of cases, and typically presents as a single pathogen. [[Stevens, 2005, pg 1379, col 2, para 2]] • Furuncles is mostly casued by S. *aureus*[[Stevens, 2005, pg 1379, col 2, para 3]] • Most common to impetigo are S. *aureus* and S. *pyogenes*	{{Image: Image of *S. aureus*}}
DISPLAY TEXT2A	{{Cellulitis Pathogens}} • Predominately b-hemolytic streptococci	{{Image: Image of b-Hemolytic Streptococci}}

PAGE CONTENT		MEDIA
	• Various microorganisms[[Stevens, 2005, pg 1380, col 2, para 4]]	
DISPLAY TEXT2B	{{Erysipelas Pathogens}} • Typically caused by: o b-hemolytic streptococci (usually group A) o Streptococci from serogroups C or G, rarely B o *S. aureus* (rarely) [[Stevens, 2005, pg 1380, col 2, para 2]]	{{Image: Image of Streptococci from Serogroup C}}
DISPLAY TEXT3A	• Aerobic and facultative organisms (e.g., *Pseudomonas*, *Proteus*, enterococci) • Anaerobic bacteria (e.g., *Bacteroides fragilis, Clostridium perfringens*) [[Mandell, 2005, pg 20, para 3]]	{{Image: Image of Enterococci}}
DISPLAY TEXT4A	{{Non-limb-Threatening}} • *S. aureus* • Facultative streptococci[[Mandell, 2005, pg 20, para 3]]	{{Image: Image of Facultative streptococci}}
DISPLAY TEXT4B	{{Limb-Threatening, Polymicrobial}} • *S. aureus* • Group B streptococci • *Enterococcus* • Facultative gram-negative bacilli • Anaerobic gram-positive cocci • *Bacteroides* species [[Mandell, 2005, pg 20, para 3]]	{{Image: Image of Gram-Negative Bacilli}}
DISPLAY TEXT5A	{{Monomicrobial Pathogens}} • *Streptococcus pyogenes* • *S. aureus* • *Vibrio vulnificus* • *Aeromonas hydrophila* • Anaerobic streptococci [[Stevens, 2005, pg 1383, col 2, para 3]]	{{Image: Images of Anaerobic Streptococci}}
DISPLAY TEXT5B	{{Polymicrobial Pathogens}} • Can include 15 different anaerobic and aerobic organisms from bowel flora (e.g., coliforms and anaerobic bacteria)[[Stevens, 2005, pg 1383, col 2, para 4]]	{{Image: Image of Anaerobes}}
DISPLAY TEXT6A	{{Etiologic Agent}} • *Pasteurella* species (50% of dog bites and 75% of cat bites) • Staphylococci and streptococci (40% of dog and cat bites) [[Stevens, 2005, pg 1383, col 1, para 2]]	{{Image: Images of *Pasteurella* Species}}
DISPLAY TEXT6B	{{Common Anaerobes}} • Fusobacteria • *Porphyromonas* species • *Prevotella heparinolytica* • Peptostreptococci[[Stevens, 2005, pg 1383, col 1, para 2]]	{{Image: Image of Fusobacteria}}
DISPLAY TEXT7A	• *S. pyogenes* • *Clostridium* species[[Stevens, 2005, pg 1393,	{{Image: Images of *S. pyogenes*}}

PAGE CONTENT		MEDIA
	col 2, para 2]]	

PAGE DESCRIPTION					
FLOW #	M2T4P4	PAGE TYPE	Card Sort With Graphics	PATH	All
POINTS	7				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Learners read intro, and drag cards to appropriate categories (stacks) for feedback.				
PAGE LAYOUT	PT1 intro with Begin button. Cards with graphics. 2–4 target stacks (categories). Stack headers must remain consistent throughout activity! No audio. No PT1 visual. Nav and Aux buttons. Per-card CFb and IFb. See Expanded Scripting Notes in XXXX_spec.doc.				

PAGE CONTENT		MEDIA
PAGE TITLE	SSTI Pathogen Match-Up	
PAGE TEXT1	See how much you know about the pathogens associated with the SSTIs.	{{Note: Use 193ч 6ℓ.}}
OSD1	Click **Begin** to get started.	
OSD2	Drag each card to the correct location.	
OSD3	Click the **Forward** arrow to continue.	

QUESTION NUMBER	Q1	Correct/Incorrect
QUESTION TYPE	Multiple Choice	{{Note: Always Multiple Choice.}}
QUESTION TEXT	This is an image of *S. aureus*. With what SSTI is this pathogen most commonly associated?	{{Visual: Image of S.aureus}}
A.	**Cellulitis and Erysipelas**	I
B.	**Diabetic Foot Ulcer**	C
C.	**Necrotizing Fasciitis**	I
D.	**Animal Bites**	I
CORRECT FEEDBACK	That's correct! This is a non-limb-threatening pathogen associated with diabetic foot ulcers.	
INCORRECT FEEDBACK	Incorrect. This is a non-limb-threatening pathogen associated with diabetic foot ulcers.	
POINTS	1	
REMEDIATION		
PATH/POOL	All	

QUESTION NUMBER	Q2	Correct/Incorrect
QUESTION TYPE	Multiple Choice	{{Note: Always Multiple Choice.}}
QUESTION TEXT	This is an image of fusobacteria. With what SSTI is this pathogen associated?	{{Visual: Image of Fusobacteria}}
A.	**Cellulitis and Erysipelas**	I
B.	**Diabetic Foot Ulcer**	I
C.	**Necrotizing Fasciitis**	I
D.	**Animal Bites**	C
CORRECT FEEDBACK	That's correct! This is a common anaerobe associated with animal bites.	
INCORRECT FEEDBACK	Incorrect. This is a common anaerobe associated with animal bites.	
POINTS	1	

REMEDIATION		
PATH/POOL	All	

QUESTION NUMBER	Q3	Correct/Incorrect
QUESTION TYPE	Multiple Choice	{{Note: Always Multiple Choice.}}
QUESTION TEXT	This is an image of b-hemolytic streptococci. With what SSTI is this pathogen associated?	{{Visual: Image of b-hemolytic streptococci}}
A.	**Cellulitis and Erysipelas**	C
B.	**Diabetic Foot Ulcer**	I
C.	**Necrotizing Fasciitis**	I
D.	**Animal Bites**	I
CORRECT FEEDBACK	That's correct! This pathogen is associated with cellulitis and erysipelas.	
INCORRECT FEEDBACK	Incorrect. This pathogen is associated with cellulitis and erysipelas.	
POINTS	1	
REMEDIATION		
PATH/POOL	All	

QUESTION NUMBER	Q4	Correct/Incorrect
QUESTION TYPE	Multiple Choice	{{Note: Always Multiple Choice.}}
QUESTION TEXT	This is an image of streptococci from serogroup C. With what SSTI is this pathogen associated?	{{Visual: Image of streptococci from serogroups C}}
A.	**Cellulitis and Erysipelas**	C
B.	**Diabetic Foot Ulcer**	I
C.	**Necrotizing Fasciitis**	I
D.	**Animal Bites**	I
CORRECT FEEDBACK	That's correct! This pathogen is associated with cellulitis and erysipelas.	
INCORRECT FEEDBACK	Incorrect. This is a pathogen is associated with cellulitis and erysipelas.	
POINTS	1	
REMEDIATION		
PATH/POOL	All	

QUESTION NUMBER	Q5	Correct/Incorrect
QUESTION TYPE	Multiple Choice	{{Note: Always Multiple Choice.}}
QUESTION TEXT	This is an image of gram-negative bacilli. With what SSTI is this pathogen associated?	{{Visual: Image of gram-negative bacilli}}
A.	**Cellulitis and Erysipelas**	I
B.	**Diabetic Foot Ulcer**	C
C.	**Necrotizing Fasciitis**	I
D.	**Animal Bites**	I
CORRECT FEEDBACK	That's correct! This is a limb-threatening pathogen associated with diabetic foot ulcers.	
INCORRECT FEEDBACK	Incorrect. This is a limb-threatening pathogen associated with diabetic foot ulcers.	

POINTS	1	
REMEDIATION		
PATH/POOL	All	

QUESTION NUMBER	Q6	Correct/Incorrect
QUESTION TYPE	Multiple Choice	{{Note: Always Multiple Choice.}}
QUESTION TEXT	This is an image of anaerobic streptococci. With what SSTI is this pathogen associated?	{{Visual: Images of *anaerobic streptococci*}}
A.	**Cellulitis and Erysipelas**	I
B.	**Diabetic Foot Ulcer**	I
C.	**Necrotizing Fasciitis**	C
D.	**Animal Bites**	I
CORRECT FEEDBACK	That's correct! This is a monomicrobial pathogen associated with necrotizing fasciitis.	
INCORRECT FEEDBACK	Incorrect. This is a monomicrobial pathogen associated with necrotizing fasciitis.	
POINTS	1	
REMEDIATION		
PATH/POOL	All	

QUESTION NUMBER	Q7	Correct/Incorrect
QUESTION TYPE	Multiple Choice	{{Note: Always Multiple Choice.}}
QUESTION TEXT	This is an image of *Pasteurella* species. With what SSTI is this pathogen associated?	{{Visual: Images of *pasteruella species* }}
A.	**Cellulitis and Erysipelas**	I
B.	**Diabetic Foot Ulcer**	I
C.	**Necrotizing Fasciitis**	I
D.	**Animal Bites**	C
CORRECT FEEDBACK	That's correct! This is a pathogen associated with animal bites.	
INCORRECT FEEDBACK	Incorrect. This is a pathogen associated with animal bites.	
POINTS	1	
REMEDIATION		
PATH/POOL	All	

<<Topic #5: Treatment and Complications>>

PAGE DESCRIPTION					
FLOW #	M2T5P1	PAGE TYPE	Section Transition	PATH	All
POINTS	6				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Reinforces the user moving to a new section of the hospital.				
PAGE LAYOUT	PT1 Quick animation with an image of the next background section.				

PAGE CONTENT		MEDIA
PAGE TITLE	Moving to Pharmacy	
PAGE TEXT1	{{non-exporting}}	{{Visual: Background image #6}}
OSD1	Click the **Forward** arrow to continue.	

PAGE DESCRIPTION						
FLOW #	M2T5P2	PAGE TYPE	Text w/ Table	PATH	All
POINTS	6				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Learner reads text and reviews supporting static data table.				
PAGE LAYOUT	PT1. Static table; # of c/r must be constant, and determines ч limits (e.g., 3x6: 58ч per cell/3ℓ). No redundant headers! Audio as needed. Nav and Aux buttons.				

PAGE CONTENT			MEDIA
PAGE TITLE	Treatment of Cellulitis and Erysipelas		
PAGE TEXT1	Upon entering the pharmacy, you discuss with the clinical pharmacist, Dr. Caputo, your case and the treatment that was derived from your research and discussions. The clinical pharmacist focuses first on treatment options for abcesses before reviewing other treatment options for other infections. The Clinical Pharmacist notes that therapy in the table below:		{{Audio: Treatment of skin and soft tissue infections varies by means and methods. Let us focus on treatment options for Mr. Marks; then we will discuss the other infections' therapy options.[Dr. Caputo]}}
TABLE TITLE	Treatment of Abcesses		{{Note: 55ч.}}
TABLE	**Type of Abscess**	**Method of Treatment**	{{Note: Only use Split Cells and Merge Cells contextual menu functions to change # of c/r—any other method will prevent proper export; see LID for help! See Page Layout for ч/ℓ. No scroll!}}
	All Types	Systemic antibiotics are usually not necessary, unless the patient has a fever or if there is extensive cellulitis [[Stevens, 2005, pg 1380, col 1, para 2]]	
		Incision and thorough evacuation of pus should be performed, then covering the surgical area with a dry dressing[[Stevens, 2005, pg 1379, col 2, para 3]]	
	Furnuncles and Carbuncles	Moist heat, which promotes drainage is usually sufficient for small infections.[[Stevens, 2005, pg 1380, col 1, para 2]]	
		Larger furuncles and carbuncles require incision and drainage. [[Stevens, 2005, pg 1380, col 1, para 2]]	
OSD1	Click the **Forward** arrow to continue.		

PAGE DESCRIPTION					
FLOW #	M2T5P3	PAGE TYPE	Uber Explore	PATH	All
POINTS	6				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Learners read intro, and click items to display additional information. Page can include audio, animations, graphics, tabs, and tables in limitless combinations.				
PAGE LAYOUT	PT1 intro. CT3–6, starting on second line below PT1. CT is DT header. Length of PT1 determines maximum number of CTs. DT supports 0–4 tabs. Audio as needed. No visual on pageload. Visual can be added to any tab. Animation or video can be added to any tab. Table can be added to any tab. Nav and Aux buttons. Animation playhead present as needed. Media controls accompany all standalone audio. Text is optional on all tabs, all types. Tables have a maximum of ## r, ## c. Number of c/r must be constant, and determines cell ч limits (e.g., 3x6 table: 58ч per cell/3ℓ). No table title. Unique column headers. See Expanded Scripting Notes in XXXX_specs.doc.				

PAGE CONTENT		MEDIA
PAGE TITLE	Treatment Methods	
PAGE TEXT1	You receive the results of your lab culture, which shows that the patient is infected with a community-acquired strain of MRSA that is susceptible to fluoroquinolones. After consulting with Dr. Caputo and Dr. Schatz, treatment is changed from vancomycin to a fluoroquinolone antibiotic. There is an increasing prevalence of vancomycin-resistant organisms[[Stevens, 2005, pg 1396, col 2, para 1]], and vancomycin should be reserved for patients who have not responded to attempts to eradicate the infection[[Stevens, 2005, pg 1382, col 2, para 1]]. Dr. Caputo then provides you with a booklet that discusses treatment options and methods with images to show the improvement of the infection. Explore the various treatment methods per infection.	{{Audio: Now that we have reviewed treatment options for your case, let us take a look at the methods for treating the other skin and soft tissue infections you have been reviewing today.[Mr. Caputo]}}
CLICK TEXT	• Cellulitis and Erysipelas • Decubitus Ulcers • Diabetic Foot Ulcers • Necrotizing Fasciitis • Animal Bites • Surgical Site Infections	
OSD1	Click each item. Then click the **Forward** arrow to continue.	
OSD2	Click the **Forward** arrow to continue.	

DISPLAY TEXT1A	• An antibiotic active against streptococci (for typical cases)
	  o *S. aureus* seldom causes this type of infection, but clinicians may choose an agent that is also effective against it
	  o Most cases can be started with oral medication
	• Deeper infections or underlying conditions can be treated with corticosteroids	

<table>
<tr><td>TABLE1</td><td></td><td>Antibiotics</td><td>Other Therapies</td><td></td></tr>
<tr><td></td><td rowspan="4">Oral Therapy</td><td>Dicloxacillin</td><td rowspan="4">Corticosteroids in patients with worsening cutaneous inflammation</td><td rowspan="6"></td></tr>
<tr><td>Cephalexin</td></tr>
<tr><td>Clindamycin</td></tr>
<tr><td>Erythromycin</td></tr>
<tr><td></td><td rowspan="2">Penicillinase-Resistant Penicillin</td><td>Nafcillin</td><td rowspan="2">Elevation of affected area (promotes gravity drainage)</td></tr>
<tr><td>Cefazolin, a first-generation cephalosporin</td></tr>
<tr><td></td><td rowspan="2">Penicillin-Allergic Patients</td><td>Clindamycin</td><td rowspan="2">Appropriate therapy for underlying state that may have incited the infection (e.g., trauma or venous eczema)</td></tr>
<tr><td>Vancomycin</td></tr>
<tr><td>DISPLAY TEXT2A</td><td colspan="3">Antibiotic treatment should be provided along with surgery to remove infected skin.</td><td>{{Visual: Image of healing decubitius ulcer}}</td></tr>
<tr><td>DISPLAY TEXT3A</td><td colspan="3">{{Non-limb-Threatening}}
• Clindamycin
• Cefoxitin or ceftizoxime
• Intravenous cefazolin for complicated cases[[Mandell, 2005, pg 21, para 3]]</td><td>{{Visual: Image of healing diabetic foot ulcer, non-limb-threatening}}</td></tr>
<tr><td>DISPLAY TEXT3B</td><td colspan="3">{{Limb-Threatening}}
• Clindamycin
• Ampicillin-sulbactam
• Ticarcillin-clavulanate[[Mandell, 2005, pg 21, para 3]]</td><td>{{Visual: Image of healing diabetic ulcer, limb-threatening}}</td></tr>
<tr><td>DISPLAY TEXT3C</td><td colspan="3">{{Surgical Intervention}}
• Unroofing of encrusted areas and probing the wound should be performed to determine the extent of tissue destruction and possible bone involvement
• Debridement and drainage should be done promptly in patients with deep ulcers extending to subcutaneous tissue or if deep tissue necrosis or suppuration is present
• Open ulcers should be packed three times daily with sterile gauze[[Mandell, 2005, pg 23, para 2]]</td><td>{{Visual: Image of packed diabetic foot ulcer.}}</td></tr>
<tr><td>DISPLAY TEXT4A</td><td colspan="3">• The surgical team should repeat daily debridement, a major therapeutic treatment, of the infected area until they find no further infection
• Pathogens should be targeted with antimicrobial therapy until patient clinically improves, has sustained normal body temperatures for 48–72 hours, and no longer needs debridement of infected area
o Nafcillin
o Penicillin and clindamycin</td><td>{{Visual: Image of healing necrotizing fasciitis}}</td></tr>
</table>

	o Oxacillin o Cefazolin[[Stevens, 2005, pg 1385, Table 5]]	
DISPLAY TEXT5A	• b-lactam/b-lactamase inhibitor • Second-generation cephalosporins • Carbapenems[[Stevens, 2005, pg 1387, para 3]]	{{Visual: Image of healing animal bite}}
DISPLAY TEXT6A	• The main method for treatment is to evacuate the infected material by re-opening the incision, while routinely changing the dressing until the wound heals[[Stevens, 2005, pg 1393, para 3]] • Antibiotic therapy has not been proven to add clinical benefit in patients with minimal systemic symptoms[[Stevens, 2005, pg 1393, para 4]] • If a temperature greater than 101oF is present, then a course of antibiotics should be given for 24–48 hours o Antibiotic options include cefazolin, oxacillin, or clindamycin o For patients with surgery to the perineum, gastrointestinal tract, or female genitourinary tract, treatment with cefotetan, ampicillin-sulbactam, or a fluoroquinolone plus clindamycin should be considered [[Stevens, 2005, pg 1394, Figure 1]]	{{Visual: Image of healing surgical site infections}}

PAGE DESCRIPTION					
FLOW #	M2T5P4	PAGE TYPE	Dialog w/ commentary	PATH	All
POINTS	6				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Learners read intro, and then read and listen to segmented scenario dialog with periodic expert commentary. Learners can move about in the dialog at will.				
PAGE LAYOUT					

PAGE CONTENT		MEDIA
PAGE TITLE	Complications of Cellulitis, Erysipelas, and Animal Bites	
PAGE TEXT1	{{Potential Complications}} As you leave the pharmacy to participate in your afternoon rounds, the Chief of Infectious Disease walks with you. He wants to share some final information on SSTIs regarding potential complications.	{{Visual: Headshots of Resident and Chief of Infectious Diseases.}} {{Audio: Before you go on your afternoon rounds, let me tell you about the potential complications of cellulitis, erysipelas, and animal bites.[CID]}}
OSD1	Click **Begin** to get started.	
OSD2	Listen to the dialog.	
OSD3	Click **Continue**.	
OSD4	Click the **Forward** arrow or **Replay**.	

DIALOG PART 1		
DESCRIPTION	{{Dialog Title}}[[Nonexporting.]]	{{Note: For more dialog parts, duplicate component and renumber tags.}}
SPEAKER 1	{{Chief of Infectious Diseases}} Repetitive or severe bouts of cellulitis may cause lymphedema, which can lead to elephantiasis. A preventative measure would be to keep skin hydrated to reduce skin cracking and reoccurrence of infection. In addition, compression stockings and elevating the extremity or taking a diuretic may also be helpful. [[Stevens, 2005, pg 1382, para 3]]	{{Audio: Repetitive or severe bouts of cellulitis may cause lymphedema, which can lead to elephantiasis. A preventative measure would be to keep skin hydrated to reduce skin cracking and reoccurrence of infection. In addition, compression stockings and elevating the extremity or taking a diuretic may also be helpful.[[Stevens, 2005, pg 1382, para 3]][CID]}}
SPEAKER 1	{{Chief of Infectious Diseases}} Untreated bite injuries can lead to infectious complications such as septic arthritis, osteomyelitis, subcutaneous abscesses, tendonitis, and bacteremia. [[Stevens, 2005, pg 1387, para 3]]	{{Audio: Untreated bite injuries can lead to infectious complications such as septic arthritis, osteomyelitis, subcutaneous abscesses, tendonitis, and

		bacteremia.[[Stevens, 2005, pg 1387, para 3]][CID]}}
SPEAKER 1	{{Chief of Infectious Diseases}} Complications that are noninfectious include nerve or tendon injuries, compartment syndromes, postinfectious and traumatic arthritis, fractures, and even bleeding. [[Stevens, 2005, pg 1387, para 3]]	{{Audio: Complications that are noninfectious include nerve or tendon injuries, compartment syndromes, postinfectious and traumatic arthritis, fractures, and even bleeding.[[Stevens, 2005, pg 1387, para 3]][CID]}}
SPEAKER 2	{{Resident}} Animal bites should not be closed by sutures, correct?	{{Audio: Animal bites should not be closed by sutures, correct?[Resident]}}
SPEAKER 1	{{Chief of Infectious Diseases}} Yes. Wounds can be held together with special bandages. It is imperative that bites have been flushed of all debris and no signs of infection develop prior to suturing. [[Stevens, 2005, pg 1387, para 4]]	{{Audio: Yes. Wounds can be held together with special bandages. It is imperative that bites have been flushed of all debris and no signs of infection develop prior to suturing.[[Stevens, 2005, pg 1387, para 4]][CID]}}
SPEAKER 2	{{Resident}} An exception to this is if it is a face wound and extra measures have been taken such as a round of antibiotics and frequent, routine cleansing of the injury. [[Stevens, 2005, pg 1387, para 4]]	{{Audio: An exception to this is if it is a face wound and extra measures have been taken such as a round of antibiotics and frequent, routine cleansing of the injury.[[Stevens, 2005, pg 1387, para 4]][Resident]}}
DISPLAY COMMENT	{{Chief of Infectious Diseases}} • Preventing reoccurrence of infections is managed through meticulous care of the present site of infection.	{{Audio: Preventing reoccurrence of infections is managed through meticulous care of the present site of infection.[CID]}}
DISPLAY QUESTION	[[Nonexporting.]]	

PAGE DESCRIPTION					
FLOW #	M2T5P5	PAGE TYPE	Section Transition	PATH	All
POINTS	5				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Reinforces the user moving to a new section of the hospital.				
PAGE LAYOUT	PT1 Quick 3D animation with a image of the next background section.				

PAGE CONTENT		MEDIA
PAGE TITLE	Moving to Patient's Room	
PAGE TEXT1	{{non-exporting}}	{{Visual: Background image #5}}
OSD1	Click the **Forward** arrow to continue.	

PAGE DESCRIPTION					
FLOW #	M2T5P6	PAGE TYPE	Static Text with Graphic A	PATH	All
POINTS	5				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Present basic content or as the set-up screen for a multi-page activity.				
PAGE LAYOUT	PT1 text with supporting graphic with caption. Audio as needed. Visual is required—the right side of the screen accommodates one medium-to-large graphic or a collection of smaller images with a maximum of 455px horizontal and 395px vertical. Nav and Aux buttons. Caption is required.				

PAGE CONTENT		MEDIA
PAGE TITLE	Discharge	
PAGE TEXT1	You return to meet with Dr. Schatz on the Marks case. He is now clinically stable, the infection has cleared and he is ready for discharge. Dr. Schatz asks you about discharge guidelines for patients with SSTIs. You refer to your notes and inform her the guidelines state that once a patient is clinically stable and can tolerate oral medication, they can be discharged.	{{Audio: Can you tell me the guidelines for discharge for skin and soft tissue infections?[Dr. Schatz]}} {{Visual: Patient having bandages inspected.}}
MESSAGE		
OSD1	Click the **Forward** arrow to continue.	

<<Topic #6: Module Assessment>>

PAGE DESCRIPTION					
FLOW #	M2T6P1	PAGE TYPE	Table Match	PATH	All
POINTS	5				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Learners read brief intro, and complete a table by selecting correct cell values from drop-down menus.				
PAGE LAYOUT	Brief PT1 introduces activity. Table with c1 containing questions (or items of some kind needing to be matched); c2 cells contain drop-down menus with answer choices for each row (up to 5 rows). Audio as needed. No visual. Nav and Aux buttons. Submit and Retry buttons as needed.				

PAGE CONTENT			MEDIA
PAGE TITLE	SSTI Treatment Review		
PAGE TEXT1	Check your understanding of diagnosis and treatment of SSTIs.		{{Note: 140ч 2ℓ.}}
PAGE TEXT2	That's not quite right. Please try again.		
PAGE TEXT3	That's not quite right. The correct answers are now displayed for you.		
PAGE TEXT4	Excellent! You have successfully completed this exercise.		
OSD1	For each item, select the best answer from the dropdown menu.		
OSD2	Click **Submit**.		
OSD3	Click the **Forward** arrow to continue.		
TABLE	**Description**	**SSTI**	{{Note: Providing a double-bracketed answer key in the Table is optional but encouraged. Table text 125ч 2ℓ. Choices 28ч.}}
	This infection has the appearance of an orange peel and is typically red and warm to the touch. Treatment can be given either intravenously or orally.	[[Cellulitis]]	
	Deep tissue cultures are used in diagnosis and are separated into non-limb- and limb-threatening classifications. A method of treatment is packing infection three times daily with sterile gauze.	[[Diabetic Foot Ulcer]]	
	This type of infection has three classifications and occurs in 38% of patients who have surgery. Antibiotic treatment has not been proven effective.	[[Surgical Site Infections]]	
	The most common feature of this infection is the wooden feel to the fascial planes of the subcutaneous tissue. Treatment is a combination of antibiotics and repeated surgeries to remove infected materials.	[[Necrotizing Fasciitis]]	
	This infection is characterized by lesions and pustuales. The most typical treatment is incision and drainage and a dry dressing over surgical area.	[[Abcesses]]	

QUESTION NUMBER	Q1	Correct/Incorrect

QUESTION TYPE	Multiple Choice	
QUESTION TEXT	*select an item*	{{Note: Choices 28ч.}}
A.	Cellulitis	C
B.	Diabetic Foot Ulcer	I
C.	Necrotizing Fasciitis	I
D.	Abcesses	I
E.	Surgical Site Infections	I
CORRECT FEEDBACK	[[Nonexporting.]]	
INCORRECT FEEDBACK	[[Nonexporting.]]	
POINTS	1	
REMEDIATION		
PATH/POOL	All	

QUESTION NUMBER	Q2	Correct/Incorrect
QUESTION TYPE	Multiple Choice	
QUESTION TEXT	*select an item*	{{Note: Choices 28ч.}}
A.	Cellulitis	I
B.	Diabetic Foot Ulcer	C
C.	Necrotizing Fasciitis	I
D.	Abcesses	I
E.	Surgical Site Infections	I
CORRECT FEEDBACK	[[Nonexporting.]]	
INCORRECT FEEDBACK	[[Nonexporting.]]	
POINTS	1	
REMEDIATION		
PATH/POOL	All	

QUESTION NUMBER	Q3	Correct/Incorrect
QUESTION TYPE	Multiple Choice	
QUESTION TEXT	*select an item*	{{Note: Choices 28ч.}}
A.	Cellulitis	I
B.	Diabetic Foot Ulcer	I
C.	Necrotizing Fasciitis	I
D.	Abcesses	I
E.	Surgical Site Infections	C
CORRECT FEEDBACK	[[Nonexporting.]]	
INCORRECT FEEDBACK	[[Nonexporting.]]	
POINTS	1	
REMEDIATION		
PATH/POOL	All	

QUESTION NUMBER	Q4	Correct/Incorrect
QUESTION TYPE	Multiple Choice	
QUESTION TEXT	*select an item*	{{Note: Choices 28ч.}}
A.	Cellulitis	I
B.	Diabetic Foot Ulcer	I
C.	Necrotizing Fasciitis	C
D.	Abcesses	I
E.	Surgical Site Infections	I
CORRECT FEEDBACK	[[Nonexporting.]]	
INCORRECT FEEDBACK	[[Nonexporting.]]	
POINTS	1	
REMEDIATION		
PATH/POOL	All	

QUESTION NUMBER	Q5	Correct/Incorrect
QUESTION TYPE	Multiple Choice	
QUESTION TEXT	*select an item*	{{Note: Choices 28ч.}}
A.	Cellulitis	I
B.	Diabetic Foot Ulcer	I
C.	Necrotizing Fasciitis	I
D.	Abcesses	C
E.	Surgical Site Infections	I
CORRECT FEEDBACK	[[Nonexporting.]]	
INCORRECT FEEDBACK	[[Nonexporting.]]	
POINTS	1	
REMEDIATION		
PATH/POOL	All	

<<Topic #7: Module Summary>>

PAGE DESCRIPTION					
FLOW #	M2T7P1	PAGE TYPE	Module Summary – 2 columns	PATH	All
POINTS	5				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Summary of key points covered in module. Onscreen text is printable.				
PAGE LAYOUT	PT1 and PT2 2-c bulleted list of M key points (for more than 200 words—use Module Summary – 1 column for less than 200 words). Audio as needed. Nav and Aux buttons. Print icon. Printed page includes branding, "Course #: Course Title"/"Module #: Module Title", PT1, PT2, print disclaimer, "page x of y".				

PAGE CONTENT		MEDIA
PAGE TITLE	Highlights	
PAGE TEXT1	Here is a list of highlights from the module: • Acquiring a careful history of the patient aids in providing a differential diagnosis: o Immune status o Geographical location o Travel history o Recent trauma or surgery o Previous antimicrobial therapy o Lifestyle and hobbies o Animal exposure and bites • Most SSTIs present with the same signs and symptoms: o Mild fever o Lethargy o Soreness or tenderness of skin o Typically located in lower extremities • Diagnostic tests are not always accurate or reliable for testing for most SSTIs o When a more severe SSTI is being presented, then a culture or gram-stain or biopsy of the infected should be obtained	{{Note: Canned intro. Use 800–1120ч 20ℓ.}}
PAGE TEXT2	• Pathogens associated with SSTIs are numerous o Cutaneous abcesses are commonly caused by S. *aureus.* o Cellulitis and erysipelas are commonly caused by b-hemolytic streptococci (serogroup A) o Decubitus ulcers are caused by aerobic and anaerobic bacteria o Diabetic foot ulcers have non-limb- and limb-threatening bacteria o Necrotizing fasciitis is caused by either monomicrobial or polymicrobial bacteria o Animal bite bacteria are either a *Pasteurella* species or staphylococci o Surgical site infections are typically caused by *S. pyogenes* or *Clostridium*	{{Note: 500–730ч 13ℓ.}}

PAGE CONTENT		MEDIA
	species • Treatment of SSTIs relies on various antibiotic therapies, both oral and intravenous; for more severe infections, surgery may be required	
OSD1	Click the **Forward** arrow to continue.	

<<Module #3: Cost of Treatment>>
<<Topic #1: Module Overview>>

PAGE DESCRIPTION					
FLOW #	M3T1P1	PAGE TYPE	Static Text w/Icon	PATH	All
POINTS	1				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Characters provide first-person perspectives on content.				
PAGE LAYOUT	Static text with up to 6 pop-up icons. Bulleted text in pop-ups summarizes character audio. Character images in pop-ups. Nav and Aux buttons active except during pop-ups. Pop-up icons. Media controls and Close button (X) for pop-up windows. No hyperlinks in pop-ups.				

PAGE CONTENT		MEDIA
PAGE TITLE	Cost Implications	
PAGE TEXT1	In this final part of your rotation, you will learn about the costs associated with skin and soft tissue infections (SSTIs). Take a moment to hear what the case manager, Ms. Ellen, has to say about cost implications of SSTIs.	{{Note: 790–850ч 19ℓ.}}
MESSAGE1	{{Case Manager's Perspective}} • There is a typical loss in reimbursement of costs for treating SSTIs • The average amount is $471 per case[[Data Advantage Corp, 2005]]	{{Audio: Institutions lose roughly $471 per case when treating skin and soft tissue infections. We will now discuss the costs and codes associated with treating skin and soft tissue infections.[Ms. Ellen]}}
OSD1	Click the **Perspective** icon. Then click the **Forward** arrow to continue.	
OSD2	Click the **Forward** arrow to continue.	

<<Topic #2: SSTI Treatment Costs>>

PAGE DESCRIPTION					
FLOW #	M3T2P1	PAGE TYPE	Perspectives – one person	PATH	All
POINTS	1				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Learners hear and read intro and attributes of character, and pose three predefined questions to hear and read the character's perspective.				
PAGE LAYOUT	PT1 intro and narrative audio. Dynamic CT image of character. Learner clicks image, and PT2 character description replaces PT1, Qs driven by DT double-braced headers appear as clickable radial buttons (look like CT), and character audio plays. Learner clicks each Q, and reads character perspective DTs with verbatim audio. Nav and Aux buttons. Media controls. Character image only.				

PAGE CONTENT		MEDIA
PAGE TITLE	Costs of Care	
PAGE TEXT1	The case manager provides cost data on treatment of SSTIs. Like all other care, the costs associated with UTI care are recorded by the institution and billed to the appropriate party. Institutions bill for reimbursement using DRG (diagnosis related group) codes, which were established by Medicare to have a standard classification of hospital cases. (For more information on DRG codes, refer to Course 1.) While this patient case did not fall under this code, most SSTIs fall under 277; cellulitis in a person over the age of 17 with complications and/or comorbidities. Learn about some national statistics associated to this code by asking Ms. Ellen questions.	{{Visual: Headshot of Case Manager.}} {{Audio: Learn more about costs with the Case Manager, Ms. Ellen.[narrator]}}
OSD1	Click the **Photograph** to get started.	
OSD2	Explore the perspective. When you are ready, click the **Forward** arrow to continue.	
OSD3	Click the **Forward** arrow to continue.	
CLICK TEXT1	• 1A	{{Audio: Let us continue our discussion on cost. What would you like to know?[Ms. Ellen]}}
DISPLAY TEXT1A	{{About how many cases of cellulitis are treated each year based on this DRG code?}} The most recent data indicates that 157,772 cases of cellulitis are treated in an institution each year. The average length of stay in the institution is 5.1 days. [[Data Advantage Corp, 2005]]	{{Audio: The most recent data indicates that 157,772 cases of cellulitis are treated in an institution each year. The average length of stay in the institution is 5.1 days.[[Data Advantage Corp, 2005]][Ms. Ellen]}}
DISPLAY TEXT1B	{{What are the costs?}} The cost of treating one case is $5,248	{{Audio: The cost to the institution of treating one case is $5,248. The

PAGE CONTENT		MEDIA
	per case to the institution. The national average charge is $14,686 per case. [[Data Advantage Corp, 2005]]	national average charge to an insurance company is $14,686 per case.[[Data Advantage Corp, 2005]][Ms. Ellen]}}
DISPLAY TEXT1C	{{What is the reimbursement on treatment associated with DRG Code 277?}} Recent data indicates that only $4,777 per case is reimbursed back to the institution. This is what accounts for the $471 loss per case I indicated earlier. [[Data Advantage Corp, 2005]]	{{Audio: Recent data indicates that only $4,777 per case is reimbursed back to the institution. This is what accounts for the $471 loss per case I indicated earlier.[[Data Advantage Corp, 2005]][Ms. Ellen]}}

PAGE DESCRIPTION					
FLOW #	M3T2P2	PAGE TYPE	Graphic Explore	PATH	All
POINTS	1				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Learners read PT1 intro, and click 2–4 graphic labels. DTs appear in stacking blocks, and remain visible when clicked; they do not replace one another.				
PAGE LAYOUT	PT1 intro. Bulleted CT2–4. CT is DT header; CT is in Title Case. DTs are persistent. Audio as needed. Visual has CT labels associated with it. Nav and Aux buttons.				

PAGE CONTENT		MEDIA
PAGE TITLE	Navigating the Hospital Statement	
PAGE TEXT1	Your patient, Mr. Richards, is steadily improving, his condition has stabilized, and he has been transferred to the floor. The case manager asks you to review and sign off on his statement verifying that the services identified were actually performed. Explore the hospital statement by clicking each item below.	{{Visual: Picture of hospital statement; Dev, please create a fake hospital statement that looks something like this: http://healthypolicy.typepad.com/blog/images/hospital_bill_back_2.jpg, but with fake hospital letterhead}} {{Note: Use last par "Explore…" with 375–562ч 10ℓ.}}
OSD1	Click each label. Then click the **Forward** arrow to continue.	
OSD2	Click the **Forward** arrow to continue.	
CLICK TEXT	• Room and Bed, ICU • Pharmacy • Lab, Cultures • Total Cost of Care	
DISPLAY TEXT1A	$12,555: 4 days in hospital; includes room, bed, staffing, and food	
DISPLAY TEXT2A	$1,200: antibiotics	
DISPLAY TEXT3A	$621: cultures for pathogens, gram-staining	
DISPLAY TEXT4A	$13,555: total cost of care for this case	

PAGE DESCRIPTION					
FLOW #	M3T2P3	PAGE TYPE	Slider Bar Explore	PATH	All
POINTS	1				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Learners read intro, and explore value chain by clicking or dragging slider. DTs replace one another, and include visuals.				
PAGE LAYOUT	PT1 intro. 3–5 CTs (chevron-shaped value chain segments with radial buttons). CTs are DT headers. DTs are typically bulleted lists and associated visuals. Audio as needed. Nav and Aux buttons. Chevron slider, both draggable and clickable. Radial buttons are filled for clicked value chain segments. DT1a is visible on pageload.				

PAGE CONTENT		MEDIA
PAGE TITLE	Patient Case Summary	
PAGE TEXT1	You meet with your attending physician to wrap up the case of Mr. Marks. She asks you to provide a summary of the following items.	{{Audio: Can you provide me a summary of Mr. Marks case?[Dr. Schatz]}}
CLICK TEXT	• Presentation of Mr. Marks • Examination • Diagnosis • Treatment and Discharge • Costs of Care	{{Note: 32ч 2 lines.}}
OSD1	Drag the slider to each item. Then click the **Forward** arrow to continue.	
OSD2	Click the **Forward** arrow to continue.	
DISPLAY TEXT1A	{{Presentation of Mr. Marks}} • Mr. Marks came to the Emergency Department after 3 to 4 days of increasing pain and tenderness located at neck and feeling feverish. • He also has diabetes.	{{Visual: Headshot of Mr. Marks.}}
DISPLAY TEXT2A	{{Examination}} • Mr. Marks had large abscess on the back of the neck and hair has emerged through inflamed nodules. There were apparent overlying pustules. • Temperature was 38.9oC (102oF).	{{Visual: Close up of infected area.}}
DISPLAY TEXT3A	{{Diagnosis}} • A gram stain and culture was ordered to rule out MRSA. • It was determined that Mr. Marks had carbuncles and was positive for community-acquired MRSA.	{{Visual: Medical resident and Attending Physician talking outside of exam room.}}
DISPLAY TEXT4A	{{Treatment and Discharge}} • Mr. Marks was initially treated with vancomycin intravenously, and was then switched to a flouroquinolone antibiotic once culture and sensitivity results were obtained. • On Day 2, Mr. Marks showed signs of stability, and he was switched to an oral fluoroquinolone • On day 4, Mr. Marks was discharged from the	{{Visual: Clinical Pharmacist filling script.}}

PAGE CONTENT		MEDIA
	institution and instructed to continue antibiotics for another week; a routine follow-up was scheduled for 2 weeks later.	
DISPLAY TEXT5A	{{Costs of Care}} • For the duration of Mr. Marks's ailment, diagnosis, and treatment, the cost came to $13,555.	{{Visual: Thumbnail of hospital bill from Document Explore.}}

<<Topic #3: Module Assessment>>

PAGE DESCRIPTION					
FLOW #	M3T3P1	PAGE TYPE	Sales Forum	PATH	All
POINTS	1				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Learners read intro, and then read and enter answers to questions from four panelists, and compare their own responses to those of an expert.				
PAGE LAYOUT	PT1 last 2 pars canned. Dynamic image of 4 panelists. Learner rolls mouse pointer over panelists to view QTexts in pop-ups, and then clicks each panelist in turn to enter responses in text entry field; previous response is not saved when next panelist is clicked. Always 4 panelists with 4 Qs. Fb shows expert response to each Q. PT1 audio as needed. No visuals except panelists. Nav and Aux buttons. Submit button as needed.				

PAGE CONTENT		MEDIA
PAGE TITLE	Case Wrap-Up	
PAGE TEXT1	Once again, you meet up with the team to privately discuss a wrap-up of the case. Roll your mouse pointer over each person. To respond to a question, click the person, and then enter your response. Click **Submit** after each question to compare your answer to that of an expert. Good luck!	
MESSAGE	Enter response here.	
OSD1	Respond to each question. Then click the **Forward** arrow to continue.	
OSD2	Click the **Forward** arrow to continue.	

QUESTION NUMBER	Q1	Correct/Incorrect
QUESTION TYPE	Essay	
QUESTION TEXT	**Question 1** How does the institute lose money on cases coded with DRG 277?	{{Note: Use 130ч 5ℓ.}}
KEY WORD	[[Nonexporting.]]	
CORRECT FEEDBACK	The insurance and Medicare entities reimburse the institutions for less then what was originally charged.	{{Note: 510ч 15ℓ.}}
INCORRECT FEEDBACK	[[Nonexporting.]]	
POINTS	1	
PATH/POOL	All	

QUESTION NUMBER	Q2	Correct/Incorrect
QUESTION TYPE	Essay	
QUESTION TEXT	**Question 2** What is the average reimbursement distributed to institutions as it relates to DRG code 277 for treatment of	{{Note: Use 130ч 5ℓ.}}

	cellulitis?	
KEY WORD	[[Nonexporting.]]	
CORRECT FEEDBACK	The average reimbursement is $4,777.	{{Note: 510ч 15ℓ.}}
INCORRECT FEEDBACK	[[Nonexporting.]]	
POINTS	1	
PATH/POOL	All	

QUESTION NUMBER	Q3	Correct/Incorrect
QUESTION TYPE	Essay	
QUESTION TEXT	**Question 3** What was Mr. Marks's initial and follow-up treatment?	{{Note: Use 130ч 5ℓ.}}
KEY WORD	[[Nonexporting.]]	
CORRECT FEEDBACK	Mr. Marks was treated with vancomycin intravenously and then switched to an oral flouroquinolone upon confirmation of the pathogen's susceptibility to this drug class.	{{Note: 510ч 15ℓ.}}
INCORRECT FEEDBACK	[[Nonexporting.]]	
POINTS	1	
PATH/POOL	All	

QUESTION NUMBER	Q4	Correct/Incorrect
QUESTION TYPE	Essay	
QUESTION TEXT	**Question 4** Why was this Mr. Marks treatment plan?	{{Note: Use 130ч 5ℓ.}}
KEY WORD	[[Nonexporting.]]	
CORRECT FEEDBACK	Vancomycin was originally used empirically for the treatment of MRSA; however, due to the potential for pathogen resistance, once sensitivity results were confirmed, fluoroquinolone was used.	{{Note: 510ч 15ℓ.}}
INCORRECT FEEDBACK	[[Nonexporting.]]	
POINTS	1	
PATH/POOL	All	

<<Topic #4: Module Summary>>

PAGE DESCRIPTION					
FLOW #	M3T4P1	PAGE TYPE	Module Summary – 1 column	PATH	All
POINTS	1				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Summary of key points covered in module. Onscreen text is printable.				
PAGE LAYOUT	Information is presented in one column for summaries with less than 200 words (use Module Summary – 2 columns for more than 200 words). Bulleted list of module key points organized in two columns. Audio as needed. Nav and Aux buttons. Print icon. Printed page includes branding, "Course #: Course Title"/"Module #: Module Title", PT1, PT2, print disclaimer, "page x of y".				

PAGE CONTENT		MEDIA
PAGE TITLE	Highlights	
PAGE TEXT1	Here is a list of highlights from the module: • Institutions typically lose about $471 per case of cellulitis treated by the institution based on DRG code 277 • On a national average, 157,772 cases of cellulitis are treated per DRG code 277 • Costs pertaining to care are recorded by the institution and billed using specific codes o Most SSTIs are coded for diagnosis-related group (DRG) code 277: cellulitis—skin ulcers, age greater than 17, with comorbidities and complications • The average length of stay per DRG code 277 is 5.1 days	{{Note: Canned intro. Use 600–845ч 13ℓ. No scroll!}}
OSD	Click the **Forward** arrow to continue.	

<<Module #4: Conclusion>>
<<Topic #1: Final Assessment>>

PAGE DESCRIPTION					
FLOW #	M4T1P1	PAGE TYPE	Quiz Intro	PATH	All
POINTS	1				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Learners read assessment intro, and then either begin the assessment or take the appropriate course of action.				
PAGE LAYOUT	All canned. PT1/OSD1 shown *only* when learner accesses page prematurely via Nav buttons in nonlinear course with prerequisite topic completion. PT2/OSD2 with Begin button shown *only* when assessment is available. PT3/OSD3 shown *only* when learner has already either passed the assessment or exhausted all available tries. Back is active; Next is inactive. Aux buttons. No audio. No visual. Assessment M *must* be structured T1P1 Quiz Intro, T1P2 Assessment, T1P3 Quiz Results; any Application Training Qs must appear within the assessment M.				

PAGE CONTENT		MEDIA
PAGE TITLE	Introduction	
PAGE TEXT1	The final assessment is not yet available. To access the final assessment, you must complete all the topics in the course. Please return to the Course Map, and review the topics you have not yet completed.	
PAGE TEXT2	Welcome to the final assessment. You have [maxAttempt] tries to pass the final assessment. This is your [x] try. This final assessment consists of [quesShow] questions. **Completion Goals** To complete this course and receive official credit, you must score [passPercent]% or better, answering [numRight] or more of [quesShow] questions correctly. **Getting Started** You may review any of the topics from the Course Map before getting started. If you are ready to take the final assessment now, click **Begin**. Good luck!	
PAGE TEXT3	The final assessment is no longer available. Return to the Course Map if you would like to review the course.	
OSD1	Click **Course Map**, and complete the available topics.	
OSD2	Click **Begin** to start the final assessment.	
OSD3	Click **Course Map** or the **Close (X)** button.	

PAGE DESCRIPTION					
FLOW #	M4T1P2	PAGE TYPE	Assessment	PATH	All
POINTS	1				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Learners complete assessment. See Question Writing Guidelines.				
PAGE LAYOUT	PContent/Media component defines assessment strategy specs. *Pass threshold implicitly determines minimum number of Qs shown!—do the math!* Qs are displayed according to QType specs. Answer choices: 2+ for Multiple Choice; 3+ for Mark All That Apply; 2 for True/False—these have CFb and IFb canned plus elaboration, with no audio and no visuals; answer choices can be randomized with IFb adjustment. Assessment M *must* be structured T1P1 Quiz Intro, T1P2 Assessment, T1P3 Quiz Results; any Application Training Qs must appear within the assessment M. Qs are displayed one at a time. *Q weighting is not supported.* Nav and Aux buttons are inactive. Submit and Continue buttons as needed. MT Remediation marks Menu topics for revisit.				

PAGE CONTENT		MEDIA
PAGE TITLE	Questions	
PAGE TEXT1	[See table below]	Show question with four answer choices directly underneath.
OSD 1	Click the best answer. Then click **Submit** for feedback.	N/A
OSD 2	Click the **Forward** arrow.	N/A
QUIZ TITLE	Questions	
NUMBER OF QUESTIONS	10	
QUESTION TYPE	Multiple Choice	
NUMBER OF CHOICES	4	
TIME IN SECONDS (BY QUESTION)	None	
FEEDBACK STYLE	Per-Question	
CORRECT FEEDBACK (DEFAULT)	That's correct!	
INCORRECT FEEDBACK (DEFAULT)	Incorrect.	
TRACKED?	Yes	
NUMBER OF TRIES	3	
QUESTIONS TO SHOW	10	
TOTAL POOLS	1	
RANDOMIZED?	Yes	
PASS THRESHOLD	90	
REMARKS		

PAGE CONTENT		MEDIA
QUESTION NUMBER	Q1 of 10	Correct/Incorrect
QUESTION TYPE	Multiple Choice	{{Note: Choices 36ч/ℓ; all 14ℓ.}}
QUESTION TEXT	*Select the best choice.* Skin and soft tissue infections have:	{{Note: Canned plus 385ч 11ℓ.}}
A.	Unknown pathogens	I
B.	Various etiologic agents	C
C.	Variations in clinical presentation	I
D.	One type of bacterium	I
CORRECT FEEDBACK	That's correct!	{{Note: Canned plus 435ч 14ℓ.}}
INCORRECT FEEDBACK	Incorrect. Review the Definition and Classification topic.	{{Note: Canned plus 428ч 14ℓ.}}
RANDOMIZE CHOICES	No	{{Note: Determines IFb boilerplate.}}
POINTS	1	
PATH/POOL	All	
REMEDIATION	M1T2	

QUESTION NUMBER	Q2 of 10	Correct/Incorrect
QUESTION TYPE	Multiple Choice	{{Note: Choices 36ч/ℓ; all 14ℓ.}}
QUESTION TEXT	*Select the best choice.* Lying in one position for too long so that the circulation in the skin is compromised by the pressure is what type of SSTI?	{{Note: Canned plus 388ч 11ℓ.}}
A.	Cellulitis	I
B.	Animal bite	I
C.	Diabetic foot ulcer	C
D.	Surgical site infection	I
CORRECT FEEDBACK	That's correct!	{{Note: Canned plus 435ч 14ℓ.}}
INCORRECT FEEDBACK	Incorrect. Review the Definition and Classification topic.	{{Note: Canned plus 428ч 14ℓ.}}
RANDOMIZE CHOICES	No	{{Note: Determines IFb boilerplate.}}
POINTS	1	
PATH/POOL	All	
REMEDIATION	M1T2	

QUESTION NUMBER	Q3 of 10	Correct/Incorrect
QUESTION TYPE	Multiple Choice	{{Note: Choices 36ч/ℓ; all 14ℓ.}}
QUESTION TEXT	*Select the best choice.* Which of the following are information items to gather when obtaining a differential diagnosis?	{{Note: Canned plus 388ч 11ℓ.}}
A.	Immune status	C
B.	Allergic reactions	I
C.	Place of work	I
D.	Last time the patient ate	I
CORRECT	That's correct!	{{Note: Canned

FEEDBACK		plus 435ч 14ℓ.}}
INCORRECT FEEDBACK	Incorrect. Review the Admissions and Diagnosis topic.	{{Note: Canned plus 428ч 14ℓ.}}
RANDOMIZE CHOICES	No	{{Note: Determines IFb boilerplate.}}
POINTS	1	
PATH/POOL	All	
REMEDIATION	M2T2	

QUESTION NUMBER	Q4 of 10	Correct/Incorrect
QUESTION TYPE	Multiple Choice	{{Note: Choices 36ч/ℓ; all 14ℓ.}}
QUESTION TEXT	*Select the best choice.* A severe, diffusive infection of the skin expanding more deeply into the subcutaneous tissues is what type of SSTI?	{{Note: Canned plus 385ч 11ℓ.}}
A.	Cellulitis	C
B.	Animal bite	I
C.	Diabetic foot ulcer	I
D.	Surgical site infection	I
CORRECT FEEDBACK	That's correct!	{{Note: Canned plus 435ч 14ℓ.}}
INCORRECT FEEDBACK	Incorrect. Review the Definition and Classification topic.	{{Note: Canned plus 428ч 14ℓ.}}
RANDOMIZE CHOICES	No	{{Note: Determines IFb boilerplate.}}
POINTS	1	
PATH/POOL	All	
REMEDIATION	M1T2	

QUESTION NUMBER	Q5 of 10	Correct/Incorrect
QUESTION TYPE	Multiple Choice	{{Note: Choices 36ч/ℓ; all 14ℓ.}}
QUESTION TEXT	*Select the best choice.* Carbuncles are like furuncles but their infection:	{{Note: Canned plus 388ч 11ℓ.}}
A.	Has no overlying pustuale	I
B.	Has an overlying pustuale but no lesion	I
C.	Extends to involve an entire extremity	I
D.	Extends to involve several adjacent follicles	C
CORRECT FEEDBACK	That's correct!	{{Note: Canned plus 435ч 14ℓ.}}
INCORRECT FEEDBACK	Incorrect. Review the Diagnosis topic.	{{Note: Canned plus 428ч 14ℓ.}}
RANDOMIZE CHOICES	No	{{Note: Determines IFb boilerplate.}}
POINTS	1	
PATH/POOL	All	
REMEDIATION	M2T3	

QUESTION NUMBER	Q6 of 10	Correct/Incorrect
QUESTION TYPE	Multiple Choice	{{Note: Choices 36ч/ℓ; all 14ℓ.}}

QUESTION TEXT	*Select the best choice.* A gram stain and culture should be performed on a surgical site infection if an infection occurs within:	{{Note: Canned plus 385ч 11ℓ.}}
A.	A year from surgery	I
B.	30 days from surgery	I
C.	48 hours from surgery	C
D.	24 hours from surgery	I
CORRECT FEEDBACK	That's correct!	{{Note: Canned plus 435ч 14ℓ.}}
INCORRECT FEEDBACK	Incorrect. Review the Diagnosis topic.	{{Note: Canned plus 428ч 14ℓ.}}
RANDOMIZE CHOICES	No	{{Note: Determines IFb boilerplate.}}
POINTS	1	
PATH/POOL	All	
REMEDIATION	M2T3	

QUESTION NUMBER	Q7 of 10	Correct/Incorrect
QUESTION TYPE	Multiple Choice	{{Note: Choices 36ч/ℓ; all 14ℓ.}}
QUESTION TEXT	*Select the best choice.* B-hemolytic streptococci (serogroup A) are pathogens associated with which SSTI?	{{Note: Canned plus 385ч 11ℓ.}}
A.	Cellulitis	C
B.	Necrotizing fasciitis	I
C.	Animal bites	I
D.	Decubitus ulcer	I
CORRECT FEEDBACK	That's correct!	{{Note: Canned plus 435ч 14ℓ.}}
INCORRECT FEEDBACK	Incorrect. Review the Pathogens topic.	{{Note: Canned plus 428ч 14ℓ.}}
RANDOMIZE CHOICES	No	{{Note: Determines IFb boilerplate.}}
POINTS	1	
PATH/POOL	All	
REMEDIATION	M2T4	

QUESTION NUMBER	Q8 of 10	Correct/Incorrect
QUESTION TYPE	Multiple Choice	{{Note: Choices 36ч/ℓ; all 14ℓ.}}
QUESTION TEXT	*Select the best choice.* A patient with a small furuncle will typically have a treatment of:	{{Note: Canned plus 388ч 11ℓ.}}
A.	Antibiotic	I
B.	Incision and drainage	I
C.	Dry dressings	I
D.	Moist heat	C
CORRECT FEEDBACK	That's correct!	{{Note: Canned plus 435ч 14ℓ.}}
INCORRECT FEEDBACK	Incorrect. Review the Treatment and Complications topic.	{{Note: Canned plus 428ч 14ℓ.}}
RANDOMIZE CHOICES	No	{{Note: Determines IFb boilerplate.}}
POINTS	1	

PATH/POOL	All	
REMEDIATION	M2T5	

QUESTION NUMBER	Q9 of 10	Correct/Incorrect
QUESTION TYPE	Multiple Choice	{{Note: Choices 36ч/ℓ; all 14ℓ.}}
QUESTION TEXT	*Select the best choice.* How can one reduce the reoccurrence of cellulitis?	{{Note: Canned plus 385ч 11ℓ.}}
A.	Wear a compression stocking	I
B.	Keep skin hydrated and foot elevated	C
C.	Hydrate skin with emollients	I
D.	Surgically remove the infected area	I
CORRECT FEEDBACK	That's correct!	{{Note: Canned plus 435ч 14ℓ.}}
INCORRECT FEEDBACK	Incorrect. Review the Treatment and Complications topic.	{{Note: Canned plus 428ч 14ℓ.}}
RANDOMIZE CHOICES	No	{{Note: Determines IFb boilerplate.}}
POINTS	1	
PATH/POOL	All	
REMEDIATION	M2T5	

QUESTION NUMBER	Q10 of 10	Correct/Incorrect
QUESTION TYPE	Multiple Choice	{{Note: Choices 36ч/ℓ; all 14ℓ.}}
QUESTION TEXT	*Select the best choice.* What infection is DRG code 277 for?	{{Note: Canned plus 385ч 11ℓ.}}
A.	Skin disorders in a person over the age of 17 with complications, comorbidities, or both	I
B.	Skin ulcers with complications, comorbidities, or both	I
C.	Cellulitis in a person over the age of 17 with complications, comorbidities, or both	C
D.	Cellulitis in a person below the age of 17 with complications, comorbidities, or both	I
CORRECT FEEDBACK	That's correct!	{{Note: Canned plus 435ч 14ℓ.}}
INCORRECT FEEDBACK	Incorrect. Review the Cellulitis Treatment Costs topic.	{{Note: Canned plus 428ч 14ℓ.}}
RANDOMIZE CHOICES	No	{{Note: Determines IFb boilerplate.}}
POINTS	1	
PATH/POOL	All	
REMEDIATION	M3T2	

PAGE DESCRIPTION					
FLOW #	M4T1P3	PAGE TYPE	Quiz Results	PATH	All
POINTS	1				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Learners read assessment results, and then take the appropriate course of action.				
PAGE LAYOUT	All canned. Learner sees appropriate results: PT1 with OSD1, PT2 with OSD2, PT3 with OSD3, PT4 with OSD4, PT5 with OSD5. Back is inactive. Next is active for PT1 and PT5, and inactive for the rest. Retry and Review buttons as needed. Aux buttons. Print button. No audio. No visual. Assessment M *must* be structured T1P1 Quiz Intro, T1P2 Assessment, T1P3 Quiz Results; any Application Training Qs must appear within the assessment M. Assessment Questions bulleted list indicates C/I with QText for each Q shown; for Application Training Qs, Page Title is displayed.				

PAGE CONTENT		MEDIA
PAGE TITLE	Results	
PAGE TEXT1	Congratulations! You received a score of [percent]%, and passed the final assessment.	{{Note: Passed at less than 100%.}}
PAGE TEXT2	Good try. You earned a score of [percent]%. However, you need a score of at least [passThreshold]% to pass the final assessment and receive credit for completing the course.	{{Note: Failed; retry is available.}}
PAGE TEXT3	Good try. You earned a score of [percent]%. However, you need a score of at least [passThreshold]% to pass the final assessment and receive credit for completing the course. This was your final attempt.	{{Note: Failed; no retry available.}}
PAGE TEXT4	You have downloaded this course to your hard drive and completed it offline. Please be sure to synchronize your results to receive credit. After your results are synchronized, confirm your completion by checking this course's status on your learning management system. If you have any issues regarding synchronization, please contact your designated helpdesk.	{{Note: Completed in mobile mode.}}
PAGE TEXT5	Congratulations! You received a score of [percent]%, and passed the final assessment.	{{Note: Passed at 100%.}}
OSD1	Click the **Forward** arrow to review the Suite Map, or **Review** to revisit missed topics.	{{Note: If no Suite Map, "**Close** button (**X**) to quit the course".}}
OSD2	Click **Review** to revisit missed topics, or **Retry** to retake the final assessment now.	
OSD3	Click the **Close** button (**X**) to quit the course, or **Review** to revisit missed topics.	
OSD4	Click the **Close** button (**X**) and synchronize your results.	
OSD5	Click the **Forward** arrow to review the Suite Map.	{{Note: If no Suite Map, "the **Close** button (**X**) to quit the course."}}

<<Topic #2: Suite Map>>

PAGE DESCRIPTION					
FLOW #	M4T2P1	PAGE TYPE	Suite Map	PATH	All
POINTS	1				
LEARNER OBJECTIVES					
LEARNER EXPERIENCE	Learners read and listen to review of their progress in the suite.				
PAGE LAYOUT	All canned with canned audio except course numbers, names, and descriptions. LID completes list of courses. Previously completed courses, current course, and future courses all have distinctive visual treatments. Nav buttons are inactive. Aux buttons. Media controls. In the last course in a suite, or in a standalone course, the double brackets are removed from PT1 s2.				

PAGE CONTENT		MEDIA
PAGE TITLE	Your Suite Progress	
PAGE TEXT1	You have completed Course 7.	
TABLE TITLE	Your Progress	Table header
TABLE	Course 1: Managing Infectious Disease: An Institutional Perspective	{{Audio: You have reached the end of Course 7, Institutionally-treated Skin and Soft Tissue Infections. In this course, you learned about the diagnosis and treatment of skin and soft tissue infections. In the next course, Intra-abdominal Infections, you will learn about the diagnosis and treatment of various types of intra-abdominal infections. Click the Close button to quit the course now, or Course Map to return to the main menu.[narrator]}}
	Course 2: Patient Flow, Infections and Dynamics in the Institutional Setting	
	Course 3: Microbial Pathogens Associated with Infections Treated in the Institutional Setting	
	Course 4: Community-Acquired Pneumonia (CAP) in the Institution	
	Course 5: Nosocomial Pneumonia	
	Course 6: Genitourinary Infections in the Institution	
	Course 7: Institutionally-Treated Skin and Soft Tissue Infections	
	Course 8: Intra-abdominal Infections	
	Course 9: Infective Endocarditis and Fever of Unknown Origin	
OSD	Click the **Close** button (**X**) to quit, or **Course Map** to review.	