

Pediatric Triage Micro-Scenario

Design Document & Storyboard

Portfolio Sample | Prepared by Antoinette Norris Woodson, MEd

This Design Document and its accompanying sample were originally developed as a capability demonstration for a prospective healthcare-sector client. A signed contract was the result. The sample illustrates Storyline branching scenario architecture and clinical decision modeling with reteach, redirect, and remediation pathways for incorrect distractor choices.

Document Purpose

This Design Document and Storyboard serves as the combined blueprint for the instructional design, visual standards, and development of the Pediatric Triage Micro-Scenario, a single branching decision-point sample built to demonstrate clinical scenario architecture, rapid clinical decision modeling, and production-ready Storyline development specifications. This sample uses the 4C method (Characters, Context, Challenge, Consequences) applied at micro-scale: one scenario, one decision point, four response paths.

Business Context

Problem Statement

Early-career pediatric providers and nurses new to emergency department triage often default to familiar or sequential workflows (history-taking, escalation, medication administration) rather than prioritizing the single most critical action in a high-risk presentation. In a febrile infant under 90 days, the correct first action — immediate monitoring and a full set of vital signs — is frequently delayed in favor of less time-sensitive but more habitual steps.

Business Goal

Demonstrate a scenario-based practice format that trains learners to correctly sequence the single most critical first action in a high-acuity pediatric presentation, and to recognize three common decision errors: premature escalation, distraction by secondary tasks, and premature intervention before stabilization.

Success Metrics (Sample Demonstration Purpose)

- Learner selects the correct first action (full vital signs and monitoring) on first attempt
- Learner can articulate why each of the three incorrect paths represents a specific clinical reasoning error (overtriage, distraction, delay)
- Sample demonstrates branching logic, layered feedback, and audio-gated interaction patterns suitable for scaling into a full pediatric triage training module

Target Audience

Pediatric nurses and pediatric nurse practitioners onboarding into a pediatric emergency department triage role. Early-career clinicians who have academic knowledge of febrile infant protocols but limited high-pressure decision practice.

Education Level	Associate, BSN, or MSN-level nursing programs; NP programs for advanced practice candidates
Experience Level	Entry-level to early-career pediatric ED nurses and NPs
Learning Context	Self-paced, asynchronous self-study; standalone web-deliverable micro-scenario
Prior Knowledge	Academic familiarity with febrile infant protocols; limited real-time decision practice under simulated pressure

Competency Alignment

This sample maps to the core competency of initial pediatric assessment in a high-acuity emergency department setting. The full training module this sample previews would continue into the Sepsis Workup Protocol and management plan following correct initial triage.

Branching Scenario Architecture

Overview

This sample is a single decision-point micro-scenario using the 4C method at reduced scale: one Character (the febrile infant patient and triage nurse), one Context (a 3-month-old male presenting with fever and behavioral changes), one Challenge (identify the most critical next step), and four Consequence paths (one correct, three distinct incorrect reasoning errors).

Branching Logic Model

Scenario Entry	Scene Introduction (Slide 1) establishes the clinical objective and transitions the learner into the case via a Begin Scenario gate.
Decision Point	Case File (Slide 2) presents the clinical stem: 3-month-old male, temperature 101.5°F, 4-hour history of fussiness and bottle refusal. Four response options (A–D).
Option A	Distraction error — prioritizes history-taking over physiological stabilization. Triggers Incorrect_Distraction_Feedback layer; learner returns to reselect.
Option B	Overtriage error — escalates to PICU consult before completing initial assessment. Triggers Incorrect_Overtriage_Feedback layer; learner returns to reselect.
Option C	Delay error — administers antipyretic before monitoring is established, risking masked symptoms. Triggers Incorrect_Delay_Feedback layer; learner returns to reselect.
Option D (Correct)	Immediate cardiac monitoring and full vital signs — the evidence-based first action for a febrile infant under 90 days. Triggers Correct_Feedback layer; advances to Next Steps.
Outcome	Next Steps in Triage (Slide 3) bridges to the broader Sepsis Workup Protocol context, followed by Scenario Complete (Slide 4), a portfolio close-out screen.

Slide Inventory

This sample totals 4 base slides plus 5 feedback/utility layers:

- Slide 1 — Scene Introduction
- Slide 2 — Case File (base slide + 4 feedback layers: Correct, Incorrect_Distraction, Incorrect_Overtriage, Incorrect_Delay)
- Slide 3 — Next Steps
- Slide 4 — Scenario Complete (base slide + 1 utility layer: PhoneLayer, portfolio contact)

Estimated total: 9 slide/layer objects.

Design Risks and Mitigations

Cognitive Fatigue	A single dense clinical stem with four options risks overload if not paced. Mitigated by gating answer choices behind a ClickBlocker until the AI Text-to-Speech narration completes, ensuring the learner hears the full stem before interacting.
Pattern Recognition	In a single-scenario sample, correct answer position cannot be varied across multiple instances the way it would in a full multi-scenario module. Flagged as a scaling consideration for a full course build.
Clinical Accuracy	All clinical content (temperature threshold, age cutoff, monitoring priority) reflects established febrile infant triage standards and would require SME validation in a production training context.
Accessibility	Color alone (red warning icons on incorrect layers, green confirmation on correct layer) is paired with icon and text labels to avoid color-only signaling. WCAG 2.2 AA contrast required on all answer option buttons and feedback layers.

Visual Design Standards

Course Specifications

Authoring Tool	Articulate Storyline 360
Story Size	960 × 540
Aspect Ratio	16:9
Player Style	Modern
Sidebar	Left
Menu	Enabled
Glossary	Disabled
Notes	Disabled
Resources	Disabled
Seek bar	Enabled
Playback Speed	Enabled
Captions	Enabled
Volume Control	Enabled
Accessibility Controls	Enabled
Full Screen	Enabled

Typography

Primary Font Family: Open Sans

Intro Banner Titles	Open Sans Bold, 44px, #FFFFFF, Center aligned. Examples: "Initial Assessment: The Febrile Infant," "Next Steps in Triage," "Scenario Complete."
Content Titles	Open Sans Bold, 32px, theme-based color. Examples: "Case File: 3-Month-Old Male," "Excellent Clinical Judgment," "Caution: Missed Priority," "Caution: Potential Delay," "Caution: Premature Escalation."
Body Text	Open Sans Regular, 16px, #0A4A96
Answer Choices	Open Sans Regular, 16px, #0A4A96
Buttons	Open Sans SemiBold, 14px, #FFFFFF

Core Color Palette

Color Name	Swatch / Hex	Used For
Header Blue	#004494	Intro Header • Next Steps Header • Scenario Complete Header • Navigation Elements
Clinical Blue	#003F8C	Choice Markers • Buttons • Interactive Elements
Text Blue	#0A4A96	Body Copy • Question Stem • Answer Text • Case File Heading
Selected State Blue	#7DB5DA	Selected Answer State
Success Green	#178A3B	Correct Feedback • Continue Button
Feedback Red	#D4362E	Warning Screens • Incorrect Feedback • Try Again Button
Hover Yellow	#FFD400	Hover Glow • Focus Indicator

Content Background Gray	#D9D9D9	Content Panels • Feedback Panels
Player Background	#1F1F1F	Sidebar • Navigation Bar • Control Bar

Answer Choice States

State	Fill	Text	Border / Glow
Normal	#003F8C	#FFFFFF	None
Hover	#003F8C	#FFFFFF	Outer Glow #FFD400, 5px; Shadow #D8D8D8
Selected	#7DB5DA	#FFFFFF	None
Disabled	#9B9B9B	#FFFFFF	#3A3A3A, 2px

Button Standards

Button	Normal	Hover	Visited / Disabled
Begin Scenario	#003F8C	#1565C0	#003370
Continue	#178A3B	#1FA54A	#0F6E2F
Try Again	#D4362E	#E24C45	#B12A23
Close Demo	#003F8C	#1565C0	#003370

Player Colors

Color Name	Swatch / Hex	Used For
Sidebar Background	#1F1F1F	Player sidebar
Sidebar Selected Item	#2A2A2A	Active menu item
Sidebar Hover	#323232	Menu item hover state
Sidebar Text	#F2F2F2	Primary sidebar text
Sidebar Secondary Text	#BFBFBF	Secondary sidebar text
Active Accent Color	#0078D7	Player accent / active states
Seekbar Progress	#0078D7	Seekbar fill
Seekbar Track	#8A8A8A	Seekbar background track
Seekbar Thumb	#FFFFFF	Seekbar drag handle

Closed Captions

Background	#000000
Text	#FFFFFF
Font	Open Sans Regular, 16px
Opacity	100%

Accessibility Requirements

Minimum Text Size	16px
Captions	Required
Keyboard Navigation	Enabled
Focus Indicator	Yellow Glow (#FFD400)
Alt Text	Required
Player Accessibility Controls	Enabled
Playback Speed / Volume / Full Screen / Seekbar	Enabled

Development Rule

Every clinical scenario built using this template must preserve: Open Sans typography; blue/gray clinical color palette; 960×540 story size; Modern Storyline player; four-state answer interactions; immediate feedback layers; accessibility controls; and consistent visual hierarchy across Intro, Question, Feedback, Summary, and Completion screens.

Slide-by-Slide Storyboard

Slide [1] / Scene Introduction			
Visual / Display	Slide Text	Narration / Voiceover	Animation / Interaction
Background: triage_intro_background_v2.png, hospital corridor. Left panel: Header Blue (#004494) overlay containing objective text in Open Sans Bold 44px white. Right panel: PhysicianWalking character image. Video: Storyline Clinical Pathways.mp4 plays behind layout. Begin Scenario button (Clinical Blue #003F8C fill, Open Sans SemiBold 14px white text), bottom right; Disabled state on slide start.	[Banner Title] Initial Assessment: The Febrile Infant [Objective Text] Given a clinical scenario, correctly identify the next best step in the initial assessment and triage of a febrile infant (age < 90 days). [Button] Begin Scenario [Character caption] "Hello there."	No narration on this slide. VideoIntro clip carries audio atmosphere.	On timeline start: Set ButtonBeginScenario to Disabled. At 0m 0.5s: Play VideoIntro. PhysicianWalking object trigger: Emphasize using Grow on click. ButtonBeginScenario trigger: Jump to Slide 2 (Case File) when clicked. Next button hidden.
Accessibility Notes: Begin Scenario button must meet WCAG 2.2 AA contrast in Normal, Hover (#FFD400 glow), and Disabled (#9B9B9B fill, #3A3A3A 2px border) states. PhysicianWalking image requires alt text.			

Slide [2] / Case File			
Visual / Display	Slide Text	Narration / Voiceover	Animation / Interaction
Background: light gray/cream, Content Background Gray (#D9D9D9) panel for question card. Left zone: PediatricNurse character image. Question container: white card with Content Title styling (Open Sans Bold 32px, theme-based color) for "Case File: 3-Month-Old Male." Four answer option rectangles, Clinical Blue (#003F8C) fill, Open Sans Regular 16px white text, Normal/Hover/Selected/Disabled states per Answer Choice States spec. ClickBlocker active until audio completes.	[Content Title] Case File: 3-Month-Old Male [Question Stem — Text Blue #0A4A96] You are the triage nurse in the Pediatric Emergency Department. A 3-month-old male infant presents with a temperature of 101.5°F (38.6°C). The parents report he has been fussy and refusing a bottle for the last 4 hours. What is your most critical next step? [A] Ask the parents about recent travel or exposure to sick contacts. [B] Immediately call the Pediatric Intensive Care Unit (PICU) team for an	AI Text-to-Speech audio reads the full question stem. Plays at 0m 0.5s. Answer choices locked via ClickBlocker until audio completes.	On timeline start: Submit Button Disabled; ClickBlocker Normal (blocking). At 0m 0.5s: Play audio. When audio completes: ClickBlocker Hidden. On answer selection: option shifts to Selected state (#7DB5DA fill). Submit enabled. On Submit: show feedback layer matching selection — D (correct) → Correct_Feedback Layer; A →

	emergency consult. [C] Administer an oral dose of acetaminophen (Tylenol) to reduce the fever. [D] Immediately place the infant on a cardiac monitor and obtain a full set of vital signs.		Incorrect_Distractio n; B → Incorrect_Overtriage; C → Incorrect_Delay.
Accessibility Notes: All four answer options keyboard-navigable and screen-reader-readable, including Selected (#7DB5DA) and Disabled (#9B9B9B fill / #3A3A3A border) states. Color is paired with icon and text on every feedback layer — never color alone.			
Layer: Correct_Feedback_Layer			
Inherits base layer. Left zone: correct_action_visual_v2.png — provider placing infant on cardiac monitor. Right zone: white card. Header in Success Green (#178A3B), Open Sans Bold 32px: "Excellent Clinical Judgment." Continue button: Success Green fill (#178A3B), Hover #1FA54A, Visited #0F6E2F.	[Header] Excellent Clinical Judgment [Result Label] Correct. [Feedback Text] In a febrile infant under 90 days, immediate monitoring and a full set of vitals are paramount to assess for signs of sepsis or instability. Antipyretics and history-taking must wait until stability is confirmed. [Button] Continue	Audio: audio_correct_feedback.wav, plays at 0m 0.5s on layer start.	On layer timeline start: Play AudioCorrect. ContinueButton trigger: Jump to Slide 3 (Next Steps) when clicked.
Layer: Incorrect_Distractio_Feedback_Layer (Option A selected)			
Inherits base layer. Image: incorrect_distractio_visual.png. Warning icon: red exclamation triangle, Feedback Red (#D4362E). Header in Feedback Red, Open Sans Bold 32px: "Caution: Missed Priority." Try Again button: Feedback Red fill (#D4362E), Hover #E24C45, Visited #B12A23.	[Header] Caution: Missed Priority [Feedback Text] History-taking is vital, but the priority for a febrile infant is immediate assessment of physiological stability. The initial focus must be on the patient, not the history. [Button] Try Again	Audio: audio_incorrect_distractio.wav, plays at 0m 0.5s on layer start.	On layer timeline start: Play AudioDistractio. TryAgainButton trigger: Jump to this slide (Slide 2); hide layer; learner reselects.
Layer: Incorrect_Overtriage_Feedback_Layer (Option B selected)			
Inherits base layer. Image: incorrect_overtriage_visual.png — nurse on phone, infant unmonitored. Warning icon: red exclamation triangle (#D4362E). Header in Feedback Red, Open Sans Bold 32px: "Caution: Premature Escalation." Try Again button: Feedback Red fill.	[Header] Caution: Premature Escalation [Feedback Text] The nurse is on the phone, likely calling a specialist or PICU, before the infant is fully assessed or stabilized. Calling for escalation before completing an initial assessment skips the foundational step of establishing baseline physiological status. [Button] Try Again	Audio: audio_incorrect_overtriage.wav, plays at 0m 0.5s on layer start.	On layer timeline start: Play AudioOvertriage. TryAgainButton trigger: Jump to this slide; hide layer.
Layer: Incorrect_Delay_Feedback_Layer (Option C selected)			
Inherits base layer. Image: incorrect_delay_visual_clean.png — oral medication administered before monitoring placed. Warning icon: red exclamation triangle (#D4362E). Header in Feedback Red, Open Sans Bold 32px: "Caution: Potential Delay." Try Again button: Feedback Red fill.	[Header] Caution: Potential Delay [Feedback Text] Administering antipyretics before a full assessment can mask signs of serious illness. While important, it is not the most critical first step in a high-risk patient. [Button] Try Again	Audio: audio_incorrect_delay.wav, plays at 0m 0.5s on layer start.	On layer timeline start: Play AudioDelay. TryAgainButton trigger: Jump to this slide; hide layer.

Slide [3] / Next Steps			
Visual / Display	Slide Text	Narration / Voiceover	Animation / Interaction
Background: conclusion_team_collaboration.png, pediatric team reviewing case. Header bar: Header Blue (#004494), Open Sans Bold 44px white: "Next Steps in Triage." Right text block: white card, Body Text styling (Open Sans Regular 16px, #0A4A96).	[Banner Title] Next Steps in Triage [Body Paragraph] This micro-scenario demonstrates the critical nature of prioritizing assessment in high-risk pediatric patients. The full training module would continue with the Sepsis Workup Protocol and management plan.	AI Text-to-Speech reads the body paragraph. Plays at 0m 0.5s; Next button disabled until audio completes.	On timeline start: Next Button Disabled. At 0m 0.5s: Play audio. When audio completes: Next Button Normal. Next Button trigger: Jump to Slide 4 (Scenario Complete).
Accessibility Notes: Body text must meet minimum 4.5:1 contrast against background image. Alt text required for team collaboration photograph.			

Slide [4] / Scenario Complete			
Visual / Display	Slide Text	Narration / Voiceover	Animation / Interaction
Background: light neutral. Header bar: Header Blue (#004494), Open Sans Bold 44px white: "Scenario Complete." Left text block: portfolio close-out copy. Right zone: circular headshot. Contact icons: Profile, Koalendar, phone (HotspotPhone triggers PhoneLayer). Close Demo button: Clinical Blue (#003F8C), Hover #1565C0, Visited #003370.	[Banner Title] Scenario Complete [Portfolio Text] Thank you for reviewing this micro-scenario. This sample demonstrates how I design clear, rapid clinical decision paths for high-stakes environments. My work emphasizes efficient content flow, structured branching, and production-ready assets that reduce SME burden and speed development. If you are hiring for Instructional Design or Learning Strategist roles, select the Koalendar logo to schedule a conversation. [Name / Title] Antoinette Norris Woodson, MEd — Instructional Designer Learning Strategist [Button] Close Demo	AI Text-to-Speech reads the portfolio text. Plays at 0m 0.5s.	On timeline start: EndCourse Disabled. At 0m 0.5s: Play audio. When audio completes: EndCourse Normal. EndCourse trigger: Exit course. Koalendar/Profile triggers: Open URL in new tab. HotspotPhone trigger: Show PhoneLayer.
Accessibility Notes: All contact links open in new tab. Phone hotspot requires visible focus indicator (#FFD400 glow). Close Demo button must meet contrast in Normal/Hover/Visited states.			
Layer: PhoneLayer			
Centered overlay card on Scenario Complete base layer. Circular headshot, larger and centered. Name/title/direct line centered beneath.	[Name] Antoinette Norris Woodson, MEd — Instructional Designer and Learning Strategist [Label] Direct Line [Phone] +1 [Footer Note] Open to ID and Learning Strategy opportunities.	No narration on PhoneLayer.	Layer appears on HotspotPhone click. No explicit close button; learner clicks outside card or uses base layer navigation to dismiss.