

IM 2 Simulated Patient Clinical Video Grading Rubric

Student Name: ___Reagan Pearson_____ Video: _#1_ Date: 12/11/21_____

There are three (3) ways to receive credit for the video:

1. Perform the scenario with all critical elements in each area of the grading tool
2. Verbalize a breach or mistake in real time and provide the nursing intervention to correct the breach or mistake then proceed with the video
3. When reviewing the video, honestly evaluate the nurse. Recognize all (if any) breaches or mistakes, record them as "unmet" and provide a nursing intervention to correct the breach or mistake

Universal Competency	Critical Elements	M	U
Safety (physical and emotional)	Introduce self	X	
	Identify patient (2 patient identifiers)	X	
	AIDET	X	
	Allergies	X	
	4 P's	X	
	Fall Bundle	X	
	Medication Administration: Medication, dosage, route, reason, assessment of route site(s), medication delivery equipment (IV pump, etc.)	X	
Critical Thinking	Assessment: See NII for critical elements pertaining to selected assessment(s)	X	
	Procedure Assess, Plan, Implement, Evaluate (APIE) (Selection of appropriate equipment, time management, organization, etc.)	X	
Standard Precaution	Asepsis:	X	
	Hand hygiene	X	
	Don and change gloves (as indicated)	X	
	Clean equipment (stethoscope, pulse ox, bedside table, med tray, etc.)	X	
	Sterile procedure	X	
	Medication preparation	X	
	Medication delivery	X	
Documentation	Teach Patient:	X	
	Medication	X	
	Procedure	X	
	Scan patient	X	
	Scan medication	X	
	Save med documentation	X	
	Document assessment findings	X	
	Document procedure	X	
	Save all documentation	X	
Human Caring and Relationship	Respect, active engagement, authenticity, empathy, etc.	X	
Professional Role Performance	Appearance, preparation, behaviors, resource management, etc.	X	

Comments: Procedures that I failed to properly deliver: Checking Dr.'s orders at nursing station, clean vial for 15 seconds w/ alcohol pad, put on gloves while grabbing the meds and did not change gloves before preparing the insulin, AIDIT- did not explain how long the procedure(s) would take (D) & I did not say "thank you" (T), did not ask if the pt. was allergic to chlorhexidine, I did not verbalize to scrub the insertion site for 30 seconds of the CVAD dressing, clean stethoscope prior to auscultation, clean stethoscope prior to auscultation, 7-10 deep breaths on respiratory assessment, clean pulse ox, clean stethoscope prior to listening to respiratory rate, assess site before administering insulin, ask/feel for lipodystrophies and bruising, pain, and scarring, check integrity of needle and make sure correct volume of med is in syringe, ask for second nurse to verify insulin prior to admin., tell patient how

much insulin and where administering, should not recap insulin after administering, did not do one handed recap, did not use safety device on insulin after administering, did not scan meds, when scanning armband the computer would have timed out before med admin., sanitize table again- touched it when wet, assess CVAD site - palpate, redness, drainage, start over sterile gloving (touched face) removed sterile gloving incorrectly, turned back to sterile field, did not make sure the patient had on non-slip socks, needed to put up 3 bed rails- only put up 2, did not document - respiratory assessment, CVAD dressing change or insulin administration.