

IM 2 Simulated Patient Clinical Video Grading Rubric

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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	m	
	Identify patient (2 patient identifiers)	m	
	AIDET		u
	Allergies	m	
	4 P's	m	
	Fall Bundle	m	
	Medication Administration: Medication, dosage, route, reason, assessment of route site(s), medication delivery equipment (IV pump, etc.)	m	
Critical Thinking	Assessment: See NII for critical elements pertaining to selected assessment(s)		u
	Procedure Assess, Plan, Implement, Evaluate (APIE) (Selection of appropriate equipment, time management, organization, etc.)		u
Standard Precaution	Asepsis:		
	Hand hygiene		u
	Don and change gloves (as indicated)		u
	Clean equipment (stethoscope, pulse ox, bedside table, med tray, etc.)	m	
	Sterile procedure		u
	Medication preparation		u
	Medication delivery		u
Documentation	Teach Patient:		
	Medication		u
	Procedure	m	

	Scan patient	m	
	Scan medication	m	
	Save med documentation	m	
	Document assessment findings		u
	Document procedure	m	
	Save all documentation	m	
Human Caring and Relationship	Respect, active engagement, authenticity, empathy, etc.	m	
Professional Role Performance	Appearance, preparation, behaviors, resource management, etc.		u
Comments:			

- 4.
- 5.

I did not meet the AIDET requirement because I did not tell Ms.CSON what the duration of the procedure(s) would be. I should have told the patient that the procedure(s) would take 15-20 minutes to complete.

I did not meet the Assessment requirement because I did not ask the patient the questions that go along with the GU assessment. I should have asked the patient about her normal urinary patterns, how often she urinates, if she has to go to the bathroom in the middle of the night, if she notices blood in her urine, if she has any leakage issues, if she has hesitancy urinating, what the appearance of her urine is, if she has an odor to her urine, if she has noticed any changes in her urine or urine habits, and her fluid intake.

I did not meet the procedure requirement because I did not verbalize the sides of the labia I was cleaning, I did not put my patient in the lithotomy position, I did not clamp the catheter tubing onto the patients leg before picking up the bag, I did not clean the patient after the procedure, I did not label the catheter bag before hanging it, and I turned my back on my patient a couple times while her bed was elevated. I should have verbalized the sides of the labia I was cleaning each time I cleaned her peri area with the wipes and the betadine sticks by saying, "I am starting by cleaning the side furthest from me with one wipe/stick, I am now cleaning the side closest to me with another wipe/stick, and now I am cleaning down the middle with another wipe/stick." in this exact order. I should have also placed my patient in the lithotomy position (as she is able), in order to get the best access to the patient's meatus in order to clean and insert the catheter most effectively and comfortably for the patient. I should have clamped the tubing onto the leg before picking up the catheter bag in order to avoid pulling the catheter tubing as much, and to maintain the comfort of the patient as much as possible. I also should have cleaned the patients peri area once more after inserting the catheter, to ensure asepsis, reduce infection, and clean the betadine off of the patient to ensure comfort. I should have labeled the catheter bag as well with my name and date in order for future nurses to know who inserted the catheter and when it was inserted and needs to be changed. I should never turn my back on my patient when their bed is up, which I did. I should have kept my eyes on my patient at all times, and only ever turned my back on my patient after lowering their bed and ensuring I have checked off all aspects of the fall bundle.

I did not meet the hand hygiene requirement because I broke asepsis several times throughout the video. I did not perform hand hygiene when entering the patients room, after cleaning the peri area with gloves, change gloves and perform hand hygiene before cleaning the peri area, and perform hand hygiene before documentation. I should always change my gloves and perform hand hygiene before and after performing peri care on a patient and/or touching the patient in any way and always perform hand hygiene when entering the room and after touching the patient (before documentation at the end).

I did not meet the don and change gloves requirement because I did not change gloves before cleaning the patients table after cleaning the peri area, and I did not change my gloves after opening the products and touching other items, right before performing peri care. I should always change my gloves and perform hand hygiene before and after touching the patient, especially before performing an invasive procedure such as peri care on the female patient. I should have changed gloves after touching the patient during peri care before cleaning the table, and after touching other items and equipment before performing peri care.

I did not meet the sterile procedure requirement because I broke sterility several times, crossed over my sterile field, touched sterile areas with non sterile equipment, and broke sterility of my sterile gloves when putting them on. The first time I broke sterility was while putting on my sterile gloves. I should have restarted with a new pair of gloves when I touched a non sterile part of my hand with a sterile glove already on. Another time I broke sterility was when my arms crossed over my sterile field several times and dropped below my waist. When my arms/elbows/hands crossed over my sterile field as well as each other, I should have gotten a new sterile kit and sterile gloves and restarted the procedure to maintain sterility to myself and my patient. I also broke sterility with my betadine sticks while cleaning the patient's peri area. I should not have retouched the part that I had just cleaned with betadine with the same stick once again. I also should have not crossed over my sterile field with the betadine stick after cleaning the peri area. I should have re-cleaned the peri area with new, sterile betadine sticks, with new sterile gloves on and avoided crossing over the sterile field with the used betadine sticks. I broke sterility of prepping the catheter as part of the tubing went outside of the sterile field when placing the catheter in the lubrication. I should have restarted with a new catheter kit and sterile gloves to maintain a sterile catheter and sterile procedure for my patient. I also broke sterility when grabbing the catheter tubing before insertion. I should not have let any part of the tubing touch unsterile fields such as the bed or my arm. At this point, I should have restarted the entire procedure with a new, sterile, catheter kit and sterile gloves. I also let the labias touch right before inserting the catheter, breaking sterility of the meatus which the catheter was about to be inserted into. I should have restarted the procedure, since I already had the catheter in my hand, and re-cleaned the labias.

I did not meet the medication preparation requirement because I did not label the tubing after I spiked and prepped the Acetaminophen IV bag. I should have used a pink label with my name/initials the start date and discard date and placed it on the IV tubing so the next nurse knows when to discard the IV bag/medication.

I did not meet the medication delivery requirement because I touched the end of the port of the primary tubing after cleaning it with an alcohol swab for 15 seconds, before connecting the secondary tubing. I should have re-cleaned the primary tubing's port once again before connecting the secondary tubing to ensure safety to the patient. I also did not meet the medication delivery requirement because I did not unclamp the secondary tubing after starting and setting the IV pump. This would result in the patient not receiving the medication, therefore leaving her at the same pain level. I should have unclamped the tubing as soon as I started the pump, and checked again that it was running and administering to the patient before leaving the room.

I did not meet the medication teaching requirement because I did not teach enough about the acetaminophen that she was receiving via IVPB. I should have told the patient that this medication would be administered at 100mL for 15 minutes via IVPB. I should have also told her that this medication would also help reduce her low grade fever, and to make sure to let me know if she experiences any stomach cramping or pain, difficulty breathing, dizziness, or trouble sleeping.

I did not meet the documentation of assessment findings requirement because I did not document the amount of urine that was filling in the bag before leaving the room. I should have checked the bag to see the amount in mL of urine in the bag and documented that along with my findings, medication, and procedure before exiting the patient's room.

I did not meet the professional role performance requirement because I noticed that throughout the video I said "Um" a lot. I should have instead, slowed down and thought through what I was going to say instead of saying "Um" and sounding unsure or hesitant in front of my patient.

