

IM 2 Simulated Patient Clinical Video Grading Rubric

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Video: 3

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

Comments:

MEDICATION: I told miss cson the medication and the dose. I didn't tell her the frequency of the med. And how often she could take the medication, which would be Q6hr/PRN. This lets her know so she could call the nurse to let them know when she is wanting the med. I also didn't let her know the route of this medication. I would of told her we are giving this to her by her central line. This gives the pt knowledge of her medication and how she will be taking them.

FALL BUNDLE: the patient call light was on bed, I didn't ask if it was in reach or if they knew where it was, I would make sure the patients call light would be where they could see and touch it.

STERILE PROCEDURE: When using the first swab to clean my right glove touched on my palm side against the bottom

drape, I would stop the procedure to change gloves while keeping my sterile field in sight at all times, I would have to do this because when I get to the part of coiling the catheter in my right hand I would contaminate the catheter and then would need a whole new catheter.

With re gloving in the middle of the sterile procedure I would need to make sure since I am letting go of the labia's with my left hand. After I glove up I will designate my left hand again and then I would reclean using new betadine swabs going from the furthest to the closest then down the middle. Now I am at the point to start Catherization on my patient.