

IM 2 Simulated Patient Clinical Video Grading Rubric

Student Name: _____ Taylan Blackford _____ Video: _4_ Date: __1/18/2022__

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:		
	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:		
	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:

I did not perform hand hygiene before preparing my medication. I would have to hand hygiene prior to preparing any medication.

I did not document and save when I was done with my medication administration, or my any procedures done. You always document and save all findings and medication for the next nurse.

I should have verified my metoclopramide in detail to verify the correct dosage was in the syringe as well as on the

EMAR.

I did not clean my stethoscope the first time I used it on the respiratory assessment
I couldn't get the oxygen to flow.

I could have raised the bed for the assessment, but it felt like it was a comfortable working height.

I would notify the provider that I had to give the patient 10 units.