

IM 2 Simulated Patient Clinical Video Grading Rubric

Student Name: LOIS ANN SITOY Video: #4 Date: 01/21/22

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	✓	
	Identify patient (2 patient identifiers)	✓	
	AIDET	✓	
	Allergies		X
	4 P's	✓	
	Fall Bundle	✓	
	Medication Administration: Medication, dosage, route, reason, assessment of route site(s), medication delivery equipment (IV pump, etc.)	✓	
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.)	✓	
Standard Precaution	Asepsis:		
	Hand hygiene		X
	Don and change gloves (as indicated)	✓	
	Clean equipment (stethoscope, pulse ox, bedside table, med tray, etc.)	✓	
	Sterile procedure	✓	
	Medication preparation	✓	
Documentation	Medication delivery	✓	
	Teach Patient:		
	Medication		X
	Procedure	✓	
	Scan patient	✓	
	Scan medication		X
	Save med documentation	✓	
	Document assessment findings	✓	
	Document procedure	✓	
Save all documentation	✓		
Human Caring and Relationship	Respect, active engagement, authenticity, empathy, etc.	✓	
Professional Role Performance	Appearance, preparation, behaviors, resource management, etc.	✓	
Comments: <ol style="list-style-type: none"> 1. Upon entering the room, I should have sanitized prior touching the patient, which I verbalized in my video. 2. Prior starting procedure, I should have asked if she is allergic to any medication, latex or anything? The patient is allergic to morphine and aspirin. And should have assessed her pain levels from a scale of 0-10 (her 			

pain level was 2)

3. After administering nasal cannula to my patient, I should have patient teach about what to avoid; Making sure the patient understood to avoid smoking, petroleum-based lubricants or any combustible materials – especially oil based. Oxygen causes combustion of flammable materials.
4. On my Respiratory assessment I should have mentioned that I don't see any signs of pursing of the lips that could indicate labored breathing and ask the patient to cough. Verbalizing I don't hear any abnormal lung sounds or sounds of wheezing or Ronchi that could be a s/s of aspiration.
5. On my CVAD assessment I should have mentioned the date per hospitals policy to change every 7 days, which is still early and usable to the patient.
6. On my GI assessment I should have palpated for tenderness, pain, masses, distension and guarding. And asked about the patient history of bowel habits or changes to regular bowel routine and or if the patient is taking any elimination aides.
7. I keep on verbalizing to save first and document when it should be documenting and save afterwards.
8. When assessing my patient's abdomen prior administering insulin, I shouldn't expose her too much or rather cover her more because it can make the patient feel uncomfortable.
9. Before and after administering enteral medication, I make sure to unclamp and clamp afterwards if not used in feeding.