

IM 2 Simulated Patient Clinical Video Grading Rubric

Student Name: Shelby Sylvester Video: _4_ Date: _01/21/2022_

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

Link to video: <https://youtu.be/mQXe0WMzcp8>

Universal Competency	Critical Elements	M	U
Safety (physical and emotional)	Introduce self	M	
	Identify patient (2 patient identifiers)	M	
	AIDET	M	
	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)	M	
	Procedure Assess, Plan, Implement, Evaluate (APIE) (Selection of appropriate equipment, time management, organization, etc.)	M	
Standard Precaution	Asepsis:	M	
	Hand hygiene	M	
	Don and change gloves (as indicated)	M	
	Clean equipment (stethoscope, pulse ox, bedside table, med tray, etc.)	M	
	Sterile procedure	M	
	Medication preparation	M	
Documentation	Medication delivery	M	
	Teach Patient:	M	
	Medication	M	
	Procedure	M	
	Scan patient	M	
	Scan medication	U	
	Save med documentation	M	
	Document assessment findings	M	
	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.	M	

Comments: For administration of the nasal cannula the nurse should have voiced that she notified the respiratory therapy department, in the future she will do so to ensure patient safety with oxygen. When scanning the medications, the nurse did not scan the sterile water so in the future she will make sure to scan the sterile water. When preparing the insulin, the nurse did not put the insulin label on the syringe, in the future she will make sure to do so. When assessing the J tube site, the nurse did not follow the tube to the point of origin and ensure the tube is labeled as well as not measuring the tube length coming from the abdomen, in the future the nurse will make sure to

do both things before using the J tube. The nurse should have told the patient that the head of the bed needs to remain at 30 degrees for at least 30 minutes after administration of the medication.