

## IM 2 Simulated Patient Clinical Video Grading Rubric

Student Name: Samantha Torrez

Video: 1

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

**Comments:**

We only had 1 sharps box in the med room and not in our pts room, going back and forth I should have identified my patient again for leaving their room this is important because I want to make sure I am in the correct room with the correct patient before I give a medication or preform any tasks

**Med Room:**

- HH: did not do HH after taking off gloves - HH is important after taking off gloves because it stops the spread of bacteria, which needs to be strict of in med room
- Did not log off eMar - important because my patient,s information could be leaked out and shown to others, I need to keep my patient safe by logging off eMar
- Nurse out load - did not state that I wrote drug, strength, date, time, and initial on label - but did write it

down

- Safety – I needed to nurse out loud that I would have “pulled out entire morphine medicine in vial and wasted the rest with a 2<sup>nd</sup> nurse witnessing” but for video purposes I would don’t.
- No HH when doing AIDET – important because we want to kill any germs and not bring any in from outside of the pt room to the patient. Want to prevent infection or bacteria spreading.

Focused assessment: Once video started, and I was going to do my focused assessment I realized pt gown was still down from practicing beforehand

- Sterile procedure – When doing my focused respiratory assessment, I realized I accidentally touched my pt. CVAD dressing with my examining gloves. We want to only use sterile gloves when dealing with the pt’s CVAD because we want to use our best and clean products when dealing with a CVAD to prevent infection.
- No HH before putting gloves on when doing the focused assessment – important because we want to prevent any kind of germs or bacteria transferring to the pt and wearing gloves - not doing HH can make matters even worse because it is a dark moist area where bacteria loves to grow and if my gloves were to rip I could possibly touch the pt with uncleaned hands spreading bacteria to them.
- Asepsis – did not clean stethoscope before putting on pt – important to clean stethoscope so I do not transfer bacteria from pt to pt

Administering med:

- I need to acknowledge that pt pain level was a 7 so I know the reason why I am giving the medication. I mentioned pt having severe pain but needed to be specific
- HH - After scanning pt armband and med I should have taken my gloves off, done hand hygiene, put new gloves on and then given my medication – it is important to do this so I do not transfer any bacteria to my patient from the scanner and from touching the computer
- Out of order: I landmarked on the mannequin, then scanned pt armband and med, then gave medication – I should have scanned pts armband, med, landmarked, then given my med to go in order and not be all over the place. Its important to be in order so nothing gets forgotten putting pt at harm
- Document assessment finding: did not mention IM location was free of any bruising or lesions before giving med, also document given med I did at the very end of my video when I should have done it right after I gave the med because if I would have forgotten to document at the very end of my video it would be my fault that this pt receiving this med was never recorded and could possibly be given another dose that is not needed.
- Medication delivery – I removed my hand that was Z Tracking to administer the medication. I should have kept my hand anchored because removing my hand that is Z Tracking ruins the whole purpose of it being there which is to keep the medicine in place, less irritating, and help out with not hurting the patient.
- Safety – should have immediately put the builtin safety cap on the needle after removing it – I removed the needle, removed my hand from z tracking then put on safety cap which could have put me at risk of sticking myself and cause myself to get an infection.
- HH – did not do hand hygiene after taking my gloves off after giving the med – it is very important to do hand hygiene before and after wearing gloves to prevent the spread of bacteria to my pt and others

\*in my video there are multiple times I mention doing Hand hygiene but did not do the motion of it – important to do the motion of hand hygiene to get in the habit of doing every single time I take off gloves or put them on to prevent spread of bacteria to my patient, everyone else and myself. (Mrs. Walker said it was okay to do the motion of hand hygiene in SIMS so we wouldn’t get our hands stuck in the gloves every time we had to do HH and put them on since we would be so nervous)

CVAD dressing change:

- HH – did not do HH after taking my gloves off before touching CVAD kit – want to be as clean as possible when moving to a new tasks to keep germs and bacteria away and to stop the spread
- Gloves – do not touch CVAD kit with exam gloves that had touched pt because it can bring bacteria to the kit contaminated it causing further bacteria to spread
- Safety – after I put the rail down on the med it is important, I do not leave my pt because they are at risk for falling and could hurt them selves
- Sterile procedure - I am reaching over my sterile field when going for the cleaner and new CVAD dressing – this is not allowed because I break sterility of the sterile field. I would throw it all away and grab a new one
- Sterile procedure – I would not use my 1<sup>st</sup> sterile gloves to open my sterile field because it breaks sterility of the gloves leaving them contaminated which I do not want because I am going to be touching the CVAD

dressing and want to prevent infection and bacteria to the CVAD dressing. I would get another pair of sterile gloves.

- Documentation findings - I needed to nurse outload that I did not find any drainage, bleeding, and the CVAD looked good when viewing and no pain to the pt when I palpated the CVAD dressing
- Teaching - I needed to teach the patient not to get their CVAD wet because it could ruin it and cause infection to the pt
- Teaching - did not teach pt to not move during sterile procedure this is important because we do not want them touch anything on the sterile field because they can contaminate it
- Meant to say "orange part over insertion site" not "lumens", but still put orange part over insertion site just said the wrong thing.
- Respect - as soon as I finished my CVAD dressing I should have immediately covered up my pt for modesty and not have waited so long
- Need to Date time and initial when documenting med