

IM 2 Simulated Patient Clinical Video Grading Rubric

Student Name: [Raleigh Sullivan](#)

Video: [1](#)

Date: [5/13/2022](#)

Video Link: <https://youtu.be/qUyVJshSv6Q>

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.)		
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 each medication & acknowledge/accept	X	
	Document assessment findings	X	
	Document procedure		X
Human Caring and Relationship	Respect, active engagement, authenticity, empathy, etc.	X	
Professional Role Performance	Appearance, preparation, behaviors, resource management, etc.	X	

Comments:

- **Medication Administration:** I am giving myself an unmet because I did not verbalize that I had checked the physician's orders in the EMAR before withdrawing the medication from the Pyxis. In addition, before administering the Morphine, I should have asked Mrs. CSON if she had any questions. Finally, during the patient education about adverse symptoms, I should have mentioned to specifically look for loose stools and changes in breathing instead of just “changes in bowel movements”
- **Cleaning Equipment:** At 01:11 in the video, I verbalized that I was using hydrogen peroxide wipes to clean the inside of the medication drawer for 30 seconds, however I needed to clean for 1 full minute for the wipe to

be effective as stated in hospital policy. In addition, when I entered the patient's room and sat down the medication drawer on the bedside table, and I should have sanitized it first. Once again, I verbalized that I was cleaning the table for 15 seconds with the wipes before setting up my sterile field and that should have been for a full minute.

- Hand Hygiene: After removing my gloves at 01:31, I should have performed hand hygiene again.
- At 04:14 when I was drawing up the Morphine, I stated that I was making sure that the needle was above the fluid line to prevent air bubbles. I meant to say that I was keeping the bevel of the needle below the fluid level to not draw up air with the medication.
- At 05:22, I was intending to explain that normally morphine comes in a single dose vial from which you would draw up the entire contents and waste the excess medication in the proper container with witness from another. In addition, for a single dose vial, I would need to draw up a volume of air into the syringe and then inject it into the vial to neutralize the pressure.
- Assessment: I forgot to check for circumoral pallor (I verbalized it as cyanosis in the extremities) and clubbing of the fingernails, so I should have done that as I was assessing the extremities for cyanosis of the fingers.
- Don and Change Gloves (as Indicated): I should have donned gloves and performed hand hygiene before doing my respiratory assessment.
- At 11:24 when I was assessing Mrs. CSON's pain, I should have asked her to rate it on a scale of 1-10 since I already knew that she was in pain.
- Document Assessment Findings: I failed to document the respiratory and pain assessment after completion. I should have done so before moving on to the medication administration.
- Medication Delivery: I did not verbalize that I would assess the ventrogluteal area for areas of bruising, lipodystrophy, and other abnormalities involving tissue integrity prior to injecting the medication. In addition, when using the alcohol swab to landmark the ventrogluteal area, I should have flipped it over to the clean side before placing it so that I did not contaminate the area that was just cleaned. I failed to verbalize that I was aspirating to make sure that there was no blood return and inserted the needle at a 90-degree angle.
- Sterile Procedure: The pinky of my right glove touched my wrist and became contaminated, so I would have needed a new pair of sterile gloves. To prevent this from happening, I could have been more careful with the way I placed my hands in the gloves so that my pinky was not hanging out.
- CVAD Dressing Change Procedure: Because I was already wearing a mask, I failed to mention that I would put on a mask before placing one on the patient. During my second gloving at 24:36, I reached my arm over the sterile field and contaminated it. To prevent this from happening, I should have stepped over further to the side of the glove I was reaching for. When changing the dressing, I realized that the placement of my sterile field and bedside table was not good because when I went to examine the site, my sterile field fell partially out of my peripheral view. This would be considered contaminated, and I would need to use my Vocera to call for another CVAD Dressing Kit. I also failed to mention that if the dressing had pants, I would add that as well. Finally, I should have put the time of the dressing change on the label in addition to the date and my initials.
- CVAD Patient Education: I failed to remind the patient not to get the dressing wet, touch it, etc.
- Fall Bundle: I did not check to make sure Mrs. CSON was wearing non-skid socks, so I should have done that before exiting the room.