

IM 2 Simulated Patient Clinical Video Grading Rubric

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Video: [2](#)

Date: [5/27/2022](#)

Video Link: <https://youtu.be/yWrijBh84nl>

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
Documentation	Medication delivery		X
	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:

- [At 0:56 it would have been a good idea to go ahead and sanitize my hands after cleaning out the med tray \(Standard Precaution\)](#)
- [At 1:03, immediately after dispensing the drug, I should have compared the dosage and the drug name with what was stated on the eMAR and the Pyxis and verified that the medication was not expired \(Medication Preparation and Physical Safety\)](#)
- [At 1:41 I said “30 mL syringe” instead of 3mL syringe which is what I grabbed](#)
- [At 6:04 I placed my supplies on the windowsill due to limited space in the room, but this is not best practice.](#)

Instead, I would utilize the bedside table (after sanitizing it) or find another convenient placement (Standard Precaution)

- At 6:08 I should have performed hand hygiene before ever touching my patient and it probably would have been better if I had walked to the other side of the bed to read her wrist band instead of leaning over her like I did (Standard Precaution)
- At 6:52 it would have been courteous of me to ask Mrs. CSON if she needed to use the restroom or anything before starting the procedure since it would take awhile
- At 7:52, I should have raised the bed prior to performing hand hygiene and donning a clean pair of gloves to ensure that my hands were as clean as possible (Hand Hygiene)
- At 7:50 I was subconsciously touching Mrs. CSON's broken ankle which would probably not have made her very happy!
- At 8:04 I forgot to check for capillary refill during the Peripheral Neurovascular assessment and should have done that after assessing for pallor (Focused Assessment)
- At 8:48 I should have performed hand hygiene and changed my gloves before assessing Mrs. CSON's arms since I had just been touching her feet and don't want to contaminate her lesions. I also could have assessed those first and then moved on to the lower extremities (Standard Precaution)
- At 10:06 when I was educating Mrs. CSON on the side effects of Morphine, I misspoke when I stated that it may cause shortness of breath. That is a serious adverse reaction and is not something I would necessarily educate the patient about. I also failed to verbalize (not to the patient but for my own purposes) that I would be sure to monitor her respirations, bowel and bladder habits, and LOC throughout the rest of the day. Finally, I should have asked my patient to report any nausea/vomiting (Medication Administration)
- At 11:44 I should not have walked away from my patient with the side rail lowered and her bed at that height. I should have brought hand sanitizer with me so that I didn't have to walk away to get it (Physical Safety)
- At 12:46 I got the sticker from the SIM saline flush stuck to my glove. This would not normally happen because saline flushes don't have stickers on them as far as I know
- At 12:54 I didn't clearly speak, but I was saying that I was going to flush the lumen with 9mL in a push pause motion
- At 13:10 I should have administered the Morphine over at least 5 minutes and pushed the first 2-3 mL of the flush at that same rate (Medication Administration)
- At 14:54, according to the NII I should have clamped the lumen before applying the antiseptic cap
- At 15:44 I once again left Mrs. CSON's bed up and siderail lowered when I walked away when I should have raised the side rail before leaving that side of the bed (Physical Safety)
- At 17:37 after opening the kit I allowed it to hang off the edge of the table and then I leaned over it and contaminated the outside. To prevent this, I could have scooted it up a little bit to where it wasn't hanging over the edge (Standard Precaution/Sterile Procedure)
- At 17:49 I failed to verbalize that I would put on my own mask prior to applying Mrs. CSON's
- At 19:33 you can see that I contaminated my glove by touching Mrs. CSON's gown. To prevent this, I should have moved the gown back further when preparing her for the procedure (Standard Precaution/Sterile Procedure)
- At 20:16 you can see that my sterile field is hanging over the edge of the table and onto the bed. This is not best practice and to prevent this I could have pulled it over to the left more. (Standard Precaution/Sterile Procedure)
- At 22:35 when I was cleaning the site, I probably should have also cleaned the lumens afterward
- At 21:48 you can see that the pinky of my right glove touched my wrist and became contaminated, so I would have needed to get a new pair of sterile gloves (Standard Precaution/Sterile Procedure)
- At 22:13 it looks as though my hand was hanging over my sterile field. To prevent this, I could have held it closer to me and been more conscious of where it was (Standard Precaution/Sterile Procedure)
- At 25:18 I stated that Morphine could potentially make Mrs. CSON drowsy, but I meant to say dizzy and disoriented (Patient Education)
- I forgot to ask Mrs. CSON if she needed any of her personal belongings and I should have left the bedside table closer to where she could reach it (4 P's)
- At 26:03 I forgot to throw away Mrs. CSON's mask

- I should have told Mrs. CSON that I would be back soon to check on the status of her pain before leaving the room

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