Ruple: Teaching Health Careers Education

Skills Evaluation Rubrics

Skills Evaluation 1

Task Analysis for Bag-Mask Skill: Use of Bag-Mask to Ventilate an Apneic Patient

Skill Step	How to Perform Step	Why
Takes body substance isolation precautions	Apply gloves.	Gloves are included to protect the provider from body secretions on hands.
Opens the airway	Place thumb between lower lip and chin, pull down to open the mouth.	To avoid putting fingers between the teeth, the thumb is used because that digit has more strength than other fingers.
Insert an airway adjunct	Place an oral airway in the mouth, upside down, exerting pressure on the tongue to keep it in place, then rotate the airway 180^{o} while advancing, leaving the phalanges at the level of the lips.	This ensures that the tongue is not forced back in the throat while the OPA is being inserted.
Selects appropriately sized mask	Measure the mask by placing the narrow end on the bridge of the nose and lower the mask to ensure that the broad end fits between the lower lip and the chin.	A properly sized mask will help to ensure a good seal.
Create a proper mask-to-face seal	Secure the mask to the face by placing the thumb across the narrow end of the mask (bridge of the nose), and use the last three fingers of that hand to lift the lower jaw into the mask with the index finger to secure the lower part of the mask to the chin.	Lifting the jaw into the mask and securing with the E-C method of placing the fingers, gives the provider the best chance of creating a good seal while ventilating.
Ventilates patient at no less than 800 ml volume	While one hand is securing the face mask,	Ensuring that the chest rises is a reliable sign that

	the other hand should squeeze the bag portion of the BVM to inflate the lungs enough to make the chest rise. Once the chest rises, immediately release the bag to let the chest fall.	adequate tidal volume has been achieved. Releasing the bag will ensure that the lungs are not overinflated and will allow for adequate CO_2 removal.
Ventilate at a rate of 10–12 times per minute	Maintain regular ventilations with the BVM at a rate of 10–12/minute.	This rate with good chest rise will ensure that adequate minute volume is achieved without hyperventilating which will place the patient at risk for alkalosis.

Skills Evaluation 2

Skills Grid: Joint Injury

1.1 What	1.2 How	1.3 Why
1. Takes body substance isolation precautions	1. Applies gloves prior to any patient contact	1. To prevent transfer of any body fluid
2. Directs application of manual stabilization of the injury	2. Tells partner to apply manual stabilization to affected limb, showing partner where to place hands (one hand above and one hand below joint)	2. To prevent movement and further pain and/or injury
3. Assesses motor, sensory, and distal circulation	3. Places fingers on distal pulse (radial or pedal pulse), verbalizes skin color and temperature, asks patient to move fingers/toes	3. To assess presence of adequate perfusion and condition of nerve function, will serve as baseline for assessment after treatment
4. Selects proper splinting material	4. Chooses pillow for ankle or lower arm, foam splint for leg, sling/swathe for elbow or shoulder	4. To ensure minimizing of injury during transport
5. Immobilizes the site of injury	5. Immobilizes bone above joint and below joint, secures pillow with tape, leaving fingers/toes exposed; straps B-splint in place, secures sling/swathe	5. To ensure stabilization of joint during transport

	with torso strap extending under unaffected arm	
6. Reassesses motor, sensory, and circulation	6. Places fingers on distal pulse (radial or pedal pulse), asks patient to move fingers/toes and verbalizes skin temperature	6. To determine state of perfusion and nerve function after treatment, to determine further treatment

Skills Evaluation 3

Skills Grid: Long Bone Immobilization

1.7.1 Task	1.7.2 Performance	1.7.3 Rationale
1. BSI	1. Apply Gloves.	1. Prevent Exposure
2. Immobilize injured long bone	2.1 Apply manual stabilization by directing partner to place one hand above injury site and the other below. 2.2 Check CSM distal to injury site by placing fingers on distal pulse and asking patient to move fingers or toes (as appropriate) and verbalizing skin temperature. 2.3 Measure splint. 2.4 Apply splint to immobilize joint above and below fracture site. 2.5 Reassess CSM distal to injury site.	2.1 Prevent further injury 2.2 Establish baseline for perfusion and nerve function to injured limb 2.3 To ensure appropriate length 2.4 To prevent further pain and injury during transport 2.5 To compare to baseline, determine presence or absence of any neurovascular deficit, if deficit present will determine further treatment