

AIDET Validation for Support/Ancillary Staff

Employee Name:	
Department:	
AIDET Auditor Name:	
Date of Observation:	

- Y N Knocked before entering patient room
- Y N Called patient by his/her name
- Y N Introduced him/herself by name
- Y N Mentioned years of experience, certification or training
- Y N Checked and confirmed patient ID-(lab, x-ray, respiratory)
- Y N Used key words "safety", "comfortable", "personal needs"
- Y N Explained any pain or discomfort expected
- Y N Gave a time expectation of how long a test or procedure would take
Or how long they would be in the room interacting with the patient
- Y N Managed up others (staff, physicians, depts, hospital)
- Y N Asked patient if there was anything they could do before leaving
- Y N Assessed room for any irritants and offered assistance (temp, noise)
- Y N Thanked patient for cooperation
- Y N Displayed good eye contact and listening skills

Check Performance Rating:

- Excels at AIDET Competent at AIDET Repeat AIDET rounds