

### **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