Date/s _____

Shift/s _____

Observer _____

# Patient and Family Centered Care Competency Summary

**M=Met; NM=Not Met; NA – Not applicable to patient; I- Improvement Needed**

| Behavior: | | | Knocks on door | | Uses hand gel | | Introduces Shelf | | Acknowledges Patient | | Asks what patient considers great care | | Explains white board | | Introduces Team | | Orients Pt. & Family to unit | | Shows Pt. paper &pencil and encourage to write | | Pulls curtain | | Uses A-I-D-E-T | | Explains hourly rounding | | Comfortable using key words | | Partners with Pt. & Family to achieve goals | | Understands the concept of family as defined by Pt. | | Ends conversations by asking "anything else | | Manages up | | Uses ICARE Model | | Actively investigates and initiates actions to resolve | |
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| Name | Title | Unit | M | NM | M | NM | M | NM | M | NM | M | NM | M | NM | M | NM | M | NM | M | NM | M | NM | M | NM | M | NM | M | NM | M | NM | M | NM | M | NM | M | NM | M | NM | M | NM |
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