

ST. DAVID'S HEALTHCARE
COMPETENCY NAME: Key Words At Key Times (KWAKT)

Employee Name: _____ Facility / Unit: _____

DESIRED OUTCOME	RESOURCES			
Demonstrate the effective and appropriate use of Key Words at Key Times (KWAKT) in interactions with patients, families, and co-workers.	Facility policy and procedures, Institute for Learning website, Studer Group website and videos			
PERFORMANCE CRITERIA		VALIDATOR COMPLETES:		
Evaluation Methods: V=Verbalizes; D=Demonstrates; O=Observes; S=Simulates; T=Test; H=HealthStream; OL= Online; N/A=not applicable The competence assessment process is tailored to meet the targeted population's age and developmental needs, as well as cultural, spiritual and personal values, beliefs, and preferences.		<table border="1"> <tr> <th align="center">Initial & Date</th> <th align="center">Eval Method</th> </tr> </table>	Initial & Date	Eval Method
Initial & Date	Eval Method			
1. Understands and verbalizes the objectives associated with development and consistent use of KWAKT:				
2. Demonstrates consistently effective use of KWAKT as part of assigned duties to:				
a. Improve the lasting perception of care				
b. Increase comfort level of staff in communicating with patients, families and co-workers				
c. Help assure a consistent level of service is being maintained				
d. Reduce fear and anxiety				
e. Increase compliance with treatment plan				
3. Articulates key words used within their department or facility.				
4. Articulates the appropriate use of key words by citing current/recent examples.				
5. Reinforces consistent use of KWAKT to promote "hardwiring":				
a. Assists co-workers, as required, to promote consistency of use				
b. Uses reward and recognition opportunities to reinforce high performing co-workers				
c. Participates, as required, in efforts designed to improve existing Departmental KWAKT uses and processes				

Final Validator to complete:

- Meets all criteria Does not meet all criteria - Complete Action Plan with Director/designee

Employee Signature: _____

Date: _____

Validator Signature: _____

Date: _____

COMPETENCY PERFORMANCE ACTION PLAN—Use additional action plan sheets as necessary

Indicate steps employee must take in order to meet competency criteria below:

Employee Comments

Action plan completed: Validator Signature: _____ Date: _____

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