

**Transferring and Mobilising Adult Primary Hip & Knee  
 Replacement patients on the day of Surgery competency document**

<b>Aim or Purpose of Competency:</b>
This document will identify and maintain competencies for staff required to stand, transfer and mobilise adult patients following either a primary elective total hip replacement (THR), total knee replacement (TKR) and partial knee replacement (UKR) whereby the surgeons post op instructions indicate the patient is able to fully weight bear.  These competencies have been identified to ensure that patients are transferred and mobilised safely and in accordance with the post-operative instructions following an elective total hip and knee replacement surgery.
<b>Underpinning References:</b>
Management of Infection Prevention and Control Policy – <b>WAHT-CG-043</b>
Manual Handling Policy – <b>WAHT- CG-026</b>
<b>Entry Criteria and Pre-requisites:</b>
<ul style="list-style-type: none"> <li>Registered and unregistered nurses working within the Worcestershire Acute NHS Trust.</li> <li>Must be up to date with WAHT mandatory Manual Handling Training.</li> <li>The staff member is responsible for annual self-evaluation of learning needs and should repeat teaching as required.</li> </ul>
<b>Exclusion Criteria:</b>
Revision Hip and Knee Replacements.
<b>Mentor/Assessor Requirements:</b>
An Orthopaedic Physiotherapist (Band 6 or above with 3 months’ minimum orthopaedic experience). Senior Sister (Band 6 or above) deemed as competent to sign off other staff members competency document.

	<b>Name</b>	<b>Role</b>	<b>Date</b>
<b>Document prepared by:</b>	Tammie Mason	Senior Sister Day Surgery and Ward One, KTC	15/03/24
<b>Competency checked by:</b>	Helen Hawkes	Clinical Lead Physiotherapist for Trauma & Orthopaedics	

	<b>Name of Group</b>	<b>Date</b>
<b>Governance Approval:</b>	Therapies Clinical Governance	<b>09/07/2024</b>
	Divisional Management Board	<b>16/07/2024</b>

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**Learner Contract:** I confirm that I will comply with the following responsibilities:

- Acknowledge and accept own limitations
- Familiarise myself with relevant Trust and Department protocols and policies
- Work within my own Code of Professional Practice
- Utilise all resources which are made for learning and professional development
- Understand the demands and needs of the service
- Be able to receive constructive feedback
- Ensure that agreed timeframes are set and met

Name of Learner	Job Role	Signature	Date

**Mentor/Assessor:** I confirm that I will comply with the following responsibilities:

- Provide time and support for the learner
- Signpost the learner to relevant research and information to support evidence based practice
- Facilitate learning and practice
- Provide constructive feedback

Name of Mentor/Assessor	Job Role	Signature	Date

**Manager Contract:** I confirm that I will comply with the following responsibilities:

- Ensure the competence is appropriate and required for the department
- Ensure the learner has the appropriate learning requirements
- Ensure the mentor has the appropriate qualifications
- Ensure time is allocated to learning for the team

Name of Manager	Job Role	Signature	Date

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**Outcome:** The Learner will:

- Be able to demonstrate the process for assessing a patient is suitable to be transferred and mobilised and identify when not to transfer or mobilise a patient.
- Be able to competently and safely transfer and mobilise a patient.

**Assessment table:**

<b>Standards –The Competent Practitioner will be able to:</b>	<b>Date and Signature:</b>	<b>Level Achieved:</b>
<ul style="list-style-type: none"> <li>• Safely assess the environment is safe to perform transfer and mobilise patient.</li> </ul>		
<ul style="list-style-type: none"> <li>• Obtain consent from the patient to undertake transfer and mobilise.</li> </ul>		
<ul style="list-style-type: none"> <li>• Identify the patient is suitable for Day 0 mobilisation</li> <li>• according to post op instructions (Explain what to do if not suitable).</li> </ul>		
<ul style="list-style-type: none"> <li>• Identify if patients observations are within normal limits including a systolic Blood Pressure &gt;100 (Explain what to do if outside of normal range).</li> </ul>		
<ul style="list-style-type: none"> <li>• Assess if the patient can sense and locate light touch in all areas of both lower limbs with their eyes closed (Explain what to do if patient not able to feel light touch in both limbs).</li> </ul>		
<ul style="list-style-type: none"> <li>• Assess if the patient can perform ankle dorsi-flexion, knee extension, tense their buttocks and flex their knees up and down on the bed with control (Explain what to do if patient unable to).</li> </ul>		
<ul style="list-style-type: none"> <li>• Locate and provide patient with appropriately sized walking frame or crutches set to the adequate measurement for the patient.</li> </ul>		
<ul style="list-style-type: none"> <li>• Transfer the patient to the side of the bed.</li> </ul>		
<ul style="list-style-type: none"> <li>• Assess whether the patient feels dizzy or sick – Explain what to do if the patient reports such symptoms.</li> </ul>		

<b>Standards –The Competent Practitioner will be able to:</b>	<b>Date and Signature:</b>	<b>Level Achieved:</b>
<ul style="list-style-type: none"> <li>Support patient to stand with the walking aid.</li> </ul>		
<ul style="list-style-type: none"> <li>Undertake transfer to chair, commode or mobilise patient.</li> </ul>		
<ul style="list-style-type: none"> <li>Describe or demonstrate what to do if a patient feels faint whilst undertaking the transfer.</li> </ul>		
<ul style="list-style-type: none"> <li>Ensure the patients privacy and dignity is maintained throughout the assessment and treatment.</li> </ul>		
<ul style="list-style-type: none"> <li>Clear communication with the patient maintained throughout the assessment and Treatment.</li> </ul>		
<ul style="list-style-type: none"> <li>Complete correct and clear documentation in patients paper or electronic patient record.</li> </ul>		
<ul style="list-style-type: none"> <li>Explain when it is appropriate to seek help from a senior or fellow colleague.</li> </ul>		

### Assessment of Competence:

The Mentor/Assessor must complete the assessment table based on the following levels of competence:

<b>Level</b>	<b>Description</b>
1	Confident of knowledge and ability to perform the skill safely.
2	Could teach knowledge and skills to others and can demonstrate initiative and adaptability to atypical problems or situations.

### Summative Sign-Off Sheet:

<b>Name of Staff Achieving the competence:</b>	<b>Job Role</b>	<b>Signature</b>	<b>Date</b>
<b>Name of Mentor</b>	<b>Job Role</b>	<b>Signature</b>	<b>Date</b>
<b>Name of Manager</b>	<b>Job Role</b>	<b>Signature</b>	<b>Date</b>

**Once completed please keep in staff members personal file**