

Name:

GET UP and GO Volunteer Competencies

These competencies have been developed to enhance patient care whilst in hospital by promoting increased activity levels. They have been broken down into separate competencies to ensure you feel equipped to work with older patients to promote their activity, whilst maintaining the patients and your own safety.

Each box should be dated and signed by yourself and the supporting training Physiotherapist.

| Skill / Knowledge | Criteria | Training given | Assessment 1 Skill practiced with supervision on peers | Assessment 2 Skill practiced with supervision on patient | Skill completed (signed by Therapist) |
|--------------------------------|--|-----------------------|--|--|---|
| 1. Personal safety awareness | Wear appropriate clothing and footwear to be comfortable on ward environment | | | | |
| | Demonstrate good postural positioning (i.e. avoiding unnecessary bending) | | | | |
| 2. Basic patient safety | | | | | |
| 2. Basic patient safety | Demonstrate where emergency buzzers are situated and how to activate | | | | |
| | Demonstrate how to call for assistance in routine and emergency situations | | | | |
| | Demonstrate an understanding of conditions which may prevent a patient engaging with mobility / exercises at that time (eg pain, confusion, agitation) | | | | |

Name:

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| 3. Pre intervention tasks | Introduce yourself to ward staff | | | | |
| | Ask nurse in charge if patient is safe to participate and confirm mobility level | | | | |
| | Wash your hands | | | | |
| | Check that you have the right patient (check their wrist band) | | | | |
| | Introduce yourself to the patient and explain your role | | | | |
| | Check if patient is happy to participate with the intervention | | | | |
| | Get walking aid if needed, and check it is labelled for that patient. If you are unsure about the walking aid, please liaise with the patients nurse. The patient should have a clearly labelled aid if using a hospital issued one, or their own recognisable aid | | | | |
| | Be able to identify common mobility aids, such as wheeled zimmer frame (WZF), 4-wheeled walker (4WW), 3-wheeled walker (3WW) or walking stick (W/S) | | | | |

Name:

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| | Ensure patient has appropriate clothing and footwear if mobilising | | | | |
| | Clear obstacles from the bed space and mobility area | | | | |
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| 4. Prompting a patient to get out of bed | Use the bed controls to lower the bed to an appropriate height (lowest possible height, or height approximately equal to the chair), and elevate head of bed if needed, and lower any bed rails | | | | |
| | Encourage the patient to sit on the edge of the bed (e.g. by rolling on to their side, dropping legs over edge of bed and using upper limbs to assist up into sitting) | | | | |
| | Have patient sit on edge of bed for a few minutes, with their feet flat on the floor, to reduce the risk of dizziness | | | | |
| | Assist patient to put slippers / appropriate footwear (such as red slipper socks) on if needed | | | | |
| | Give verbal coaching: lean forward, push hands down onto bed, push feet into floor, stand at edge of bed, once standing use mobility aid (if present) for balance. NEVER allow the patient to pull up on the frame / walking aid | | | | |

Name:

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| | Have patient stand up briefly before walking away. This is to make sure that they are not dizzy before walking away from the bed space. If patient feels dizzy or unwell, encourage them to sit back down and inform nurse in charge | | | | |
| 5. Prompting a patient to get out of the chair | Encourage the patient to move forwards towards the front of the seat | | | | |
| | Give verbal coaching: lean forward, push hands down onto arm rests, push feet into floor, stand at edge of chair, once standing use mobility aid for balance. NEVER allow the patient to pull up on the frame / walking aid | | | | |
| | Have patient stand up briefly before walking away. This is to make sure that they are not dizzy before walking away from the bed space. If patient feels dizzy or unwell, encourage them to sit back down and inform nurse in charge | | | | |
| 6. Prompting a patient to walk | Ensure the patient is standing in the correct position for their walking aid (i.e. they are roughly in line with the back of their frame, or they have their stick in the correct hand) | | | | |

Name:

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| | Follow the patient, walking slightly behind and to one side (i.e. you are diagonally in line with their shoulder) | | | | |
| | Encourage the patient to walk normally, not shuffling; to have a gap between their feet; to use the walking aid correctly (i.e. stay in line with the back of the frame) | | | | |
| | Only walk as far as is directed, staying with the patient at all times. If the patient becomes tired, please stop and offer them a rest | | | | |
| | If the patient feels unwell when walking, offer them a seat and inform their nurse. CALL FOR HELP IF YOU FEEL IT IS AN EMERGENCY | | | | |
| | | | | | |
| 7. Returning a patient to bed / the chair | Ensure the patient is close to the bed / chair and can feel it with the backs of their legs | | | | |
| | Encourage the patient to reach back with their hands, one at a time, for the arm rests / the edge of the bed | | | | |

Name:

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| | Encourage the patient to bend at the waist and stick their bottom out as far as they can and slowly lower themselves down | | | | |
| | If returning to bed, encourage the patient to lie down on to their side, and swing their legs up on to the bed | | | | |
| | Ensure the patient is left comfortable, with their call bell and table in reach | | | | |
| | | | | | |
| 8. Caring for the falling patient | Hopefully these will not occur, but there is a risk, therefore it is important you know what to do in these circumstances. These points will be taught, but not practiced with the patients. DO NOT TRY TO PHYSICALLY STOP THE FALL – THIS COULD LEAD TO INJURY TO YOURSELF AND THE PATIENT | | | | |
| | If possible, protect the patients head. | | | | |
| | Loudly, but calmly call for help | | | | |
| | If you have time, source a chair for the patient to sit on | | | | |
| | Stay with the patient until help arrives; explain to the nurse / health professional exactly what happened. Do not try to move the patient | | | | |

In my professional opinion is competent to carry out the role of a mobility volunteer on ward areas.

Name:

Signature:

Print:

Date:

Designation:


I (the volunteer) have been assessed, and feel happy to carry out the above activities as a mobility volunteer. I understand that I am responsible for maintaining my competence and keeping up to date. If I have any concerns on ward areas, I will raise these to the nurse in charge. If I have any concerns regarding my ability to undertake this role, I will inform volunteer services.

Signature:

Print:

Date:

Name:

| Date | Number of Patients seen |  What went well? |  What concerns you? |
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