

Table of Contents

Topic	Page
Table of Contents	P.1
Professional Vision, Mission, Value	P.2
Personal Details	P.3
Work Experience with Reflection	P.3 - 9
Reflection Journal	P.9 - 11
Professional Goal	P.12 - 14
Curriculum Vitae	P.15
Academic Certificates	P.16 - 21
Certification of Registration and Practising Certificate	P.22 - 26
Professional Certificates	P.27 - 29
Performance Evaluation	P.30 - 36
Letter of Reference	P.37 - 38
Appendices	P.39

Vision, Mission, Value (VMV)

Vision

To be a transformational leader in developing comprehensive midwifery care for low risk women in Hong Kong

Mission

To develop and modify care models to promote normal birth, mother-friendly childbirth and baby-friendly practices.

To promote women's empowerment and satisfaction with their childbirth experience.
To motivate staff to provide mother-centered care with compassion.

To create a healthy workplace to attract and retain staff.

To enhance professional development by carrying out evidence-based practice and conduct research.

To partner with the community for health promotion.

Values

Compassion

Courage

Innovative

Sincere

Respect

Personal Details

I am [REDACTED], serving as an Advanced Practice Nurse in the Department of Obstetrics and Gynaecology of XXX Hospital.

I completed a Bachelor of Science (Hons) in Nursing in [REDACTED] and obtained a Certificate of Registration from the Nursing Council of Hong Kong in the same year. With the completion of the Post-Registration Diploma in Midwifery, I registered as a nurse midwife with the Midwives Council of Hong Kong in [REDACTED]. I certified as an International Board Certified Lactation Consultant (IBCLC) in [REDACTED], and completed a Master of Science in Nursing in [REDACTED].

Work Experience with Reflection

Registered Nurse, Department of ABC, XXX Hospital

(Sept [REDACTED] - Sept [REDACTED])

After graduating from the Polytechnic University of Hong Kong, I worked in the Department of ABC for [REDACTED] years. Being a registered nurse, my main responsibility was taking care of patients.

During this period of work exposure, I applied the basic nursing knowledge and skills learned at school into the real-life situation. With increased clinical experience, I was assigned as a team in-charge and then a ward in-charge. I learnt, and was able to organize client-centered care with appropriate clinical judgements and delivered efficient and effective care accordingly. Advancement of specialilty treatments was rapid, I kept up and learned the latest treatment plans and implemented care according to guidelines and protocols.

With the experience of taking care of clients with chronic diseases or terminal illnesses, I learnt deeply that the establishment of a partnership with clients (and their significant others) promotes the healing process. Effective communication skills are a tool to help success, but compassionate hands-on care is always fundamental. Compassionate care is being set as the core value in my nursing profession. During the daily caring activities and interaction with families, I had massive chances to communicate and my interpersonal skills were sharpened.

This period of practice provided me with professional and self-growth. I could prioritize and coordinate my work smoothly despite working in a very busy ward situation. It exercised my patience and stress tolerance, and I learned to be positive to take up challenges and grow my responsibilities. Working as a team with other health care professionals, I realized the importance of collaboration and work harmony in maximizing care outcomes and to achieve a happy working atmosphere. Faced with life and death, I learnt to respect life, dignity and human rights. Being self-disciplined, maintaining personal integrity, taking work seriously and behaving heartfully to all others are the personal attitudes learnt in the nursing profession and these were all remained as my values in the midwifery profession.

Nurse Midwife, Department of Obstetrics and Gynaecology, XXX Hospital

(Oct - Nov)

As a qualified nurse midwife, I have been working in the antenatal, postnatal and labour ward. Within the period of post-basic midwifery training, again, the learned midwifery theory was transformed into daily professional practice. My knowledge and skills were developed and strengthened, through hands on practice in antenatal

care, intrapartum fetal surveillance and care, intrapartum pain management, neonatal assessment and care, handling of emergencies and resuscitation, and postpartum care. Continued education in midwifery such as but not limited to midwife-led care, and a breastfeeding conference allowed me to gain in-depth knowledge about the profession.

The midwife, with the meaning of 'with woman', works in partnership with women so as to provide effective and safe midwifery care. This aims at promoting self-care and the health of mother, infants and family. I cared for women with compassion, at the same time providing evidence-based information so as to facilitate them to make informed choices and in decision making. I took part in conducting health talks to pregnant women and new mothers. I worked my best, through education and confidence building, to empower them for childbirth and the transition to motherhood. I always bear in mind I have to respect women's choices and be culturally sensitive.

Coaching and mentoring of student midwives is my responsibility. Apart from teaching and supervising their clinical activities to meet standards, I undertake to role model compassionate care in terms of behaviours, skills and attributes to deliver excellence. With such, the value and culture of compassionate care can be spread.

With the comprehensive midwifery training, I appreciated midwife-led care in lactation. I wanted to equip myself for supporting mothers to breastfeed, and I enrolled in courses on breastfeeding and qualified as an International Board Certified Lactation Consultant in [REDACTED]. What's more, with the opportunity provided by the Department, I attended the Breastfeeding Advocacy and Practice Course organized

by the World Alliance for Breastfeeding Action in Malaysia in the same year. From the course, my knowledge on breastfeeding was reinforced. I was impressed by the teachers' passion for breastfeeding. As a midwife, I have the responsibility to promote and support breastfeeding, and advocate for breastfeeding. I undertook my higher specialist training in lactation.

Advanced Practice Nurse, Department of Obstetrics and Gynaecology, XXX Hospital

(Dec - Present)

Soon after promotion as an Advanced Practice Nurse, I started working full-time in the Department Breastfeeding Team. I am responsible for supporting and promoting breastfeeding within the Department and for collaboration with the Department of Paediatrics. It was my honor to take part in the journey to Baby Friendly Hospital (BFH) accreditation.

Through the generous opportunity to have hands-on practice in breastfeeding coaching, I acquired vast experience in handling different breastfeeding situations and breast conditions. I managed the midwife-led service, the Midwife Clinic (Lactation), to provide specialized midwifery care to pregnant women and the breastfeeding dyad. I was able to provide complex midwifery care in breastfeeding and act as a resource person with clinical expertise.

With respect to the antenatal health talk to women, it is important to ensure the care advice is delivered effectively and systemically. With liaison with various departments, I developed workflow and organized manpower. I appreciated the chance of planning and managing resources and manpower. This increased my ability

and confidence in service planning and resource utilization. I participated in both antenatal talk curriculum design and conducted talks (in group and individually) so that I keep up-to-date women changing needs.

With job delegation by the Department Operation Manager (DOM), I started to write up the operational protocol, various clinical guidelines, and to design a clinical pathway on breastfeeding. From reference searching, information criticizing, resource and manpower corporating to final drafting, this provided me with excellent experience in writing up a professional document.

I have been trained as the WHO Breastfeeding Counselling Course Trainer in [REDACTED]. From that time onwards, I took up the role for teaching and training breastfeeding counselling. I acted as a mentor to student midwives, student nurses and newly joined residents for breastfeeding training and supervision. Moreover, I provided on-the-job coaching to existing midwives, and participated in lactation nurses training in the Department of Paediatrics. I was invited as a speaker by the Institute of Advanced Nursing Studies (IANS) for the Basic Breastfeeding Course and the School of Midwifery for student midwife education. I appreciated all the chances to share my breastfeeding clinical experience and knowledge. I could learn through teaching at the same time, 'he who teaches, learns'.

I longed for knowledge and supported high quality midwifery practice. I finished a Master Degree in Nursing and kept looking for updated professional information by research appreciation. With full support from DOM, I proposed and carried out an evidence-based practice study in the Department: <Topic> (Appendix 1). This followed a 'Plan-Do-Check-Act' process. The project started in June [REDACTED] and is still in

progress. Minor modification and adjustment had been made according to real life practices. An evaluation will be performed at this year-end. I recognized my strengths and weaknesses throughout the different stages of project implementation, and this provided a good chance for me to learn and grow.

I participated in the planning, implementation, and evaluation of the service specific to Baby Friendly Hospital accreditation. Periodic audits were performed to staff, pregnant women and new mothers. Positive audit results were encouraging. For results below expectation, improvement work needed to be carried out. It was not easy for me to announce those results. I overcame myself, as it served as a means to ensure professional standards, and this provided chances for staff to share experience and consolidate learnings. Be open to comments, with the use of communication skills for feedback, involve staff for opinion to build up their sense of ownership, were my strategies for continuous quality improvement.

Voluntary Work

(July [redacted] – Present)

As a nurse midwife, I have the responsibility and commitment to serve the community for health and breastfeeding promotion. I enjoy using my professional knowledge to serve and contribute to the society and promote the midwifery profession (Appendix 2).

To promote breastfeeding, I participate in the Hospital Breastfeeding Fun Day as a helper each year, where the target is pregnant women and their family. I helped in the World Breastfeeding Week Celebration event in [redacted].

I joined the 'Baby Friendly Hotline' as a breastfeeding counsellor in July [REDACTED]. This is organized by the Baby Friendly Hospital Initiative Hong Kong Association where a phone reply will be made to mothers with enquiries on breastfeeding.

To promote equality and free access to health information, I have worked with [REDACTED] District Council to promote health for ethnic minority women in [REDACTED]; and served as a speaker in a community project '[REDACTED]' organized by [REDACTED] to offer support to parents-to-be and new parents through educational activities in [REDACTED].

Serving the community as a professional give me a sense of accomplishment. Moreover, I learned from the voluntary works. This allowed me to have personal growth, improved my social and interpersonal skills, get connection with others with different social backgrounds, and reach out to the society where I am living. As a midwife to represent the profession to promote health, it helps to enhance the midwifery professionalism.

Reflection Journal

Breastfeeding offers enormous and irreplaceable health benefits to both mothers and children. Midwives have essential roles to play in encouraging, guiding and facilitating mothers and babies to obtain maximum health benefits from breastfeeding. Breastfeeding is normal and seems easy. However, a lot of mothers facing difficulties and find breastfeeding stressful.

Being a midwife worked in the Breastfeeding Team, I have come across a number of mothers who need extra help and support to initiate and sustain breastfeeding.

Reflection on their management has allowed me to think and learn. This reflective journal reflected mainly on the psychological perspective in supporting a mother to breastfeed.

Here is the information about the mother:

Ms C delivered her second boy by emergency lower segment caesarean section at 31 weeks of gestation in my hospital. The baby was transferred to the neonatal intensive care unit immediately after being born. His birth weight was 1.9kg. Oxygen support via nasal cannula was required. Tube feeding was allowed on the second day of life.

Ms C's first boy was born at 32 weeks of gestation in another local hospital. She chose to give expressed breastmilk to her baby as she believed that it provided the best immunological and nutritional support to her preterm baby. With a lot of effort, expressing breastmilk eight to ten times a day, she could get approximately 10ml each time from second weeks onwards. Without strong family support, she blamed herself she was not a good mum and stopped breastfeeding at 1 month.

Having been given birth to a premature baby again, Ms C had a strong desire to achieve successful breastfeeding. She was assisted and encouraged to express breastmilk soon after delivery. However, at the end of first week, she got a trace amount of expressed breastmilk with severe breast pain. She sought help from the Midwife Clinic (Lactation). Regular follow up was arranged. Details of assessment and management for Ms C are stated in Appendix 3.

After nine weeks of breastfeeding support, Ms C showed satisfaction with the care provided although she could not achieve exclusive breastfeeding. She admitted she

was very stressed during the first few visits: worried about baby's condition and blaming herself for not having enough milk. As verbalized by herself, with on-going support from the midwife, she thought that there was skilled support, always someone who truly understood her, listened to her, and was with her. She learned to relax and gradually adapted to new motherhood. She surprised me by sending a drawing and a letter when her little son was one year old (Appendix 4).

With the busy day in day out work, one can easily see the job as a routine work. With the advanced technology used in midwifery, one will use less the therapeutic touch. After job get done, however, is our pair of healing hands to be fully utilized? A mutual relationship should be based on trust, respect, equality and openness. The midwife should work in partnership with the women to strengthen her own capabilities to care for themselves and their family. The midwife should care with compassion: skill, competence and respect. That is to care with the head, hands and heart.

A heavy workload makes people tired. I put Ms C's drawing on my working table. This is a reminder to myself, same as my vision, to care for women with my head, hands and heart. This positive reinforcement helps to 'charge up my energy when my battery is low', helps keep up my passion in the profession of midwifery.

Professional Goal

Current Maternity Services in Hong Kong

Comprehensive post-registration training is available in Hong Kong to prepare competent midwives with the appropriate knowledge and skills. A high standard of professional midwifery practice is evidenced by a very low maternal and infant mortality rate. Birth should happen in hospital with advanced technology is everyone's thought. There is over-medicalization of maternity services. Care is given in a fragmented way with high intervention during the continuum from pregnancy to childbirth. Most midwives work in a specific specialty in hospital and are unable to practice to their full scope. As a result, some of them will experience a certain degree of de-skilling with time. Moreover, a traditional medical model is dominant and midwives' autonomy is undermined. Last but not the least, there is a high demand for professional midwives at private hospitals which causes a competition in manpower.

Professional Goal in Midwifery

1. Promotion of midwife-led care (Current service provided by a small group of midwives who care for a small group of women)
 - Promote normal birth
 - Provide continuity of care to women
 - Provide women-centered care
 - Enhance professionalism and midwife autonomy
 - Promote team work
 - Increase job satisfaction

2. Professional development

- Continuous education
- Promote evidence-based practice and conduct research
- Equip for complex changes in healthcare conditions
- Emergency and risk management
- Develop and expand role of midwife, eg. High dependency care unit specialist
- Develop Midwife Led Care Model towards normal birth, including mother-friendly childbirth and baby-friendly practices.

3. Staff development

- Education – compassionate care
- Courage to make change
- Courage to speak up
- Promote sense of ownership
- Empower midwives for autonomy
- Transformational leadership
- Staff retention

This professional portfolio is written to demonstrate my academic qualifications, work experience, work attitude and personal quality. To promote professionalism in midwifery, I am committed to life-long learning, to nurture the new comers, to speak up in my profession, and to partner with women providing women-centered care.