

Hong Kong College of Midwives

Membership Training Program

Curricula and Clinical Log Book

Mentee's Name:		_	
Period Covered:	to		

Hong Kong College of Midwives is a Constituent College of

Hong Kong Academy of Nursing

The first version in December 2014 The second version in December 2015 The third version: Revised on 15 June 2016 The fourth version: Revised on 8 February 2017

The fifth version: Reviewed & Revised on 13 February 2018 The sixth version: Reviewed & Revised on 16 October 2019

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Purpose of the Log Book

The clinical log book of the Hong Kong College of Midwives (HKCMW) is designed to facilitate and guide mentees learning, and to provide support and direction for mentors in making judgments about the competence of trainees.

Mentees are responsible to enter the required information and record the various activities and experiences as stipulated in the various modules of the log book. Mentors should certify specified areas of competence of the mentees as they are attained.

All mentees entering the HKCMW training program are required to use this log book. All the log-books must be *submitted to the College for the Ordinary Membership Examination* and *also presented for the Fellow Exit Assessment*.

Midwifery Specialist Training Programme

There are 3 modules which make up the content of midwifery specialist training, ranging from basic midwifery training to post-basic specialty training.

Three modules are:

Module 1: Basic Midwifery Training

Module 2: Post-basic Midwifery Clinical Management

Module 3: Midwifery Subspecialty Training

Levels of Competence

To assist mentees in achieving their competencies, a five-level model of competence is adopted. The level of competence ranges from observation (1) to independent practice (5).

Level 1	Observes	Observes the clinical activity performed by a colleague	
Level 2	Assists	Assists a colleague to perform the clinical activity	
Level 3	Under Direct Supervision	Performs the entire activity under direct supervision of a senior colleague	
Level 4	Under Indirect Supervision	Performs the entire activity with indirect supervision of a senior colleague	
Level 5	Independent Performer	Performs the entire activity without need for supervision	

Timing of the Log Book

Logging should be started early in the training period until the mentee has passed the Fellow Exit Assessment of HKCMW.

Using the Log Book

There will be separate session for record of each module training and individual sub-specialty training. Mentees need to record one elective sub-specialty training only that she has chosen.

Mentees are strongly advised to carry the log book at all times and to enter legibly the required information on a daily basis. This will save subsequent effort at retrospective record hunting. This information will be taken for reference at various stages of training assessment.

If the mentee has problems or queries with the use of the log book, she should refer to her mentor, supervisor, or the Chairman and members of Education Committee of the College.

Personal Particulars

Name of Mentee:	_ (English)		(Chinese)
Date of Registration as Registered Nurse:			
Registration No. :			
Date of Registration as Registered Midwife: Registration No. :			_
			-
Academic Qualifications:		D . 01 . 1	
Qualifications Obtained		Date Obtained	1
Professional Qualifications:			
Qualifications Obtained		Date Obtained	d

Module 1 Basic Midwifery Training

Module 1 - Basic Midwifery Training

Theoretical Core Components No. of Hours				
General Clinical Practice Issues				
Behavioral Sciences				
Primary Health Care				
- Sexual and Reproductive Health				
- Public and Primary Health				
- Maternal and Child Health				
Professional, Ethical and Legal Aspects of Midwifery Practice				
- Professional Knowledge				
- Evidence-based Practice in Midwifery				
- Personal Growth & Professional Development				
Biological Sciences				
Midwifery Knowledge				
Professional Midwifery Practice				
- Care during pregnancy				
- Care during Labour & Birth				
- Care during Puerperium				
- Care of Newborn (up to 6 weeks of life)				
TOTAL HOURS:				

Clinical Practice Area	No. of Weeks
Ambulatory / Day Ward	
Antenatal Ward	
Labour Ward	
Postnatal Ward	
Maternity Clinic	
SCBU	
MCHC	
Others, e.g. Team Midwifery (please specify)	
TOTAL No. of WEEKS	

The mentees have completed their clinical experience record during their Post-registration Diploma in Midwifery Program, so the mentees are only required to provide the transcript from the relevant institution and information on Module 1 as stated in this Log Book.

Post Midwifery Registration Working Experiences

Period	Working Location	No. of Weeks

Module 2 Post Basic Midwifery Clinical Management

<u>Module 2 – 18 Months Post Basic Midwifery Clinical Management</u>

This module is accessible to midwives who have completed the basic midwifery training and have registered as a midwife in Hong Kong. It covers 18 months of post basic skill enhancement in midwifery clinical management. Within this period, the midwife should consolidate her skills in antenatal, intrapartum and postnatal areas. It includes 12 months clinical management experience in the Labour Ward and 6 months experience in Antenatal & Postnatal management.

Learning objectives in the Antenatal ward/clinic:

By the end of 3 months training, the midwife should be able to

- 1. Carry out comprehensive assessments to determine maternal and fetal well-being at the first antenatal visit independently.
- 2. Carry out ongoing assessment of maternal and fetal well-being in subsequent visits independently.
- 3. Appropriately manage or refer woman requiring additional care to other health professionals.
- 4. Provide health education and promotion to woman in the preparation of labor, birth and parenthood.

Learning objectives in Labour ward:

By the end of 12 months training, the midwife should be able to

- 1. Carry out ongoing assessment and monitoring of maternal and fetal well-being and labour progress independently.
- 2. Manage and evaluate labour pain.
- 3. Provide informed choices to woman with non-pharmacological and pharmacological pain relief methods.
- 4. Timely refer to obstetricians independently or under supervision when abnormality is suspected.
- 5. Recognize deviations from normal condition promptly and initiate appropriate actions independently or under supervision.
- 6. Provide immediate care to support newborn's transition to extra-uterine life independently.
- 7. Maintain an accurate birth registry and other relevant documentation.

Learning objectives in Postnatal ward:

By the end of 3 months training, the midwife should be able to

- 1. Carry out ongoing assessment and monitoring of woman independently.
- 2. Perform comprehensive maternal, newborn and feeding assessment related to lactation independently or under supervision.
- 3. Provide support and encouragement to enable woman to successfully meet the breastfeeding goals.
- 4. Perform newborn physical examination independently.
- 5. Recognize deviations from normal condition promptly and initiate appropriate actions independently or under supervision.

Education Program and Clinical Experience

The mentees are required to attend not less than two post basic training education program accredited by the College. They are also required to indicate her levels of competence for the related clinical practice experience:

Education Program

The mentee has to attend continuing education programs with not less than 20 hours theory programs in Midwifery Leadership, Midwifery Led clinical management models, advanced life support in obstetric emergencies, neonatal resuscitation, etc....

Name of Education Program	Organized by	Duration /	Certification Obtained
		Hours	and Date

Clinical Experience

1. Antenatal Clinical Management *

1.1. Normal pregnancy (Level 4-5):

- 1.1.1. Antepartum: first trimester to third trimester;
- 1.1.2. Antepartum fetal monitoring and other diagnostic tests (e.g. fetal movement, amniocentesis, per vaginal examination etc.);

1.2. Pregnancy complicated by medical and other conditions (Level 3-4):

- 1.2.1. Prenatal substance abuse:
- 1.2.2. Diabetes Mellitus in pregnancy;
- 1.2.3. Prenatal anaemia;
- 1.2.4. Cardiac disease in pregnancy;
- 1.2.5. Hypertensive disorder
- 1.2.6. Rh Disease
- 1.2.7. Pregnant adolescent;
- 1.2.8. HIV in pregnancy;
- 1.2.9. Infections such as toxoplasmosis, rubella, CMV, herpes simplex virus, sexually transmitted disease; chickenpox exposure
- 1.2.10. Others such as surgical procedures, e.g. cervical incompetence, removal of an ovarian cyst, appendicitis, trauma, etc.

1.3. Gestational complications (Level 3-4):

- 1.3.1. Hyperemesis gravidarum;
- 1.3.2. Multiple pregnancy;
- 1.3.3. Polyhydrammios
- 1.3.4. Oligodramnios
- 1.3.5. Antepartum Haemorrhage;
- 1.3.6. Vaginal infections;
- 1.3.7. Urinary tract infection;
- 1.3.8. Preterm labour;
- 1.3.9. Premature rupture of membranes;
- 1.3.10. Recurrent pregnancy loss.

2. Intra-partum Clinical Management

2.1. Normal intrapartum (Level 4-5):

- 2.1.1. Normal labour: first stage to third stage;
- 2.1.2. Intrapartum fetal monitoring;
- 2.1.3. Amniotomy;
- 2.1.4. Epidural anaesthesia / analgesia;
- 2.1.5. Induction of labour;
- 2.1.6. Augmentation of labour.
- 2.1.7. Pharmacological pain management
- 2.1.8. Non pharmacological pain management

2.2. Intrapartum complications (Level 3-4):

- 2.2.1. Dystocia / dysfunctional labour;
- 2.2.2. Precipitous birth;
- 2.2.3. Intrapartum preeclampsia;
- 2.2.4. Caesarean birth;
- 2.2.5. Vaginal birth after caesarean;
- 2.2.6. Breech delivery
- 2.2.7. Intrauterine fetal death;
- 2.2.8. Uterine rupture;
- 2.2.9. External version;
- 2.2.10. Amnio-infusion;
- 2.2.11. Instrumental deliveries such as forceps or vacuum birth.
- 2.2.12. Maternal distress
- 2.2.13. Fetal distress

2.3 Obstetrics Emergencies:

- 2.3.1 Cord prolapse
- 2.3.2 Shoulder Dystocia
- 2.3.3 Eclampsia
- 2.3.4 Maternal collapse

3. Postnatal Clinical Management *

- 3.1. Normal postpartum care (Level 4-5):
 - 3.1.1. Postpartum period fourth stage of labour;
 - 3.1.2. Postpartum period first 24 48 hours post vaginal delivery care;
 - 3.1.3. Postpartum period after caesarean birth.
- 3.2. Postpartum complications (Level 3-4):
 - 3.2.1. Postpartum haemorrhage;
 - 3.2.2. Postpartum infection;
 - 3.2.3. Thromboembolic disease;
 - 3.2.4. Mastitis:
 - 3.2.5. Postnatal emotional disorder / Postpartum depression.
- 3.3. Care of the newborn (Level 4-5):
 - 3.3.1. Newborn care immediate after birth;
 - 3.3.2. Newborn care Subsequent care in postnatal ward

4. Neonatal Complications Management in Maternity Unit (Level 3-4): @

- 4.1.1. Neonatal asphyxia;
- 4.1.2. Small for gestational age;
- 4.1.3. Infant of a diabetic mother:
- 4.1.4. Infant of a substance-abuse mother;
- 4.1.5. Infant exposed to HIV / AIDS;
- 4.1.6. Preterm newborn:
- 4.1.7. Post-term newborn;
- 4.1.8. Hyperbilirubinemia;
- 4.1.9. Meconium aspiration syndrome;
- 4.1.10. ABO incompatability;
- 4.1.11. Neonatal infection.
- 4.1.12. Congenital abnormalities

The mentee should complete their clinical experience records with clinical mentor's verification accordingly. Level of competence would be decided by the mentor.

Level 1	Observer	Observes the clinical activity performed by a colleague		
Level 2	Assistant	Assists a colleague to perform the clinical activity		
Level 3	Under Direct Supervision	Performs the entire activity under direct supervision of a senior colleague		
Level 4	Under Indirect Supervision	Performs the entire activity with indirect supervision of a senior colleague		
Level 5	Independent performer	Performs the entire activity without need for supervision		

Remarks:

- # Trainees are requested to have at least 10 complicated or at risk cases records for Intra-partum clinical management. Regard to these 10 cases management, mentees are requested to attend the labour and assist / conduct the deliveries for at least 5 cases. For the other 5 cases, mentees are requested to provide at least 4 hours direct care for each case.
- * Mentees are requested to have at least 5 cases records for Antenatal and 5 cases records for Postnatal clinical management. Regard to the Antenatal and Postnatal cases management, mentees are requested to render at least one hour direct care for each case.
- @ For neonatal care, mentees are requested to have at least 5 cases records for Neonatal Complication management in maternity unit.

Records of Antenatal Clinical Management

Working location / Institution	Period	No. of weeks

Case No.	Doto	Description	Clinical Mentor's	Level of
Case No.	Date	Description	Name / signature	Competence
			Thaine / Signature	Competence

Records of Postnatal Clinical Management

Working location / Institution	Period	No. of weeks

Case No.	Date	Description	Clinical Mentor's	Level of
		1	Name / signature	Competence

Records of Intrapartum Clinical Management

Working location / Institution	Period	No. of weeks

Case No.	Date	Description	Clinical Mentor's	Level of
			Name / signature	Competence

Records of in Intrapartum Clinical Management

Working location / Institution	Period	No. of weeks

G 37	-	.	au 111	
Case No.	Date	Description	Clinical Mentor's	Level of
			Name / signature	Competence

Records of Neonatal Complications Management

Working location / Institution	Period	No. of weeks

G 37	5	.	G11 1 12 5	
Case No.	Date	Description	Clinical Mentor's	Level of
			Name /signature	Competence

For submission of application for the Ordinary Membership Examination, mentee is required to complete the following Academic Experience Record for the examination panel vetting.

Academic Experience (from Midwifery School to now)

Description	Recommended (Hours)	Attained Hours		
1 Generic Core				
1.1 General Clinical Practice Issue (18-month Midwifery Training)	6			
1.2 Behavioral Sciences (18-month Midwifery Training)	50			
1.3 Primary Health Care (18-month Midwifery Training)	60			
1.4 Professional, Ethical & Legal Aspects of Midwifery Practice (18-month Midwifery Training)	60			
1.5 Others (please specify the program / course at Appendix 1):				
1.5 Others (please specify the program? course at Appendix 1).				
Total (at least 176 hours for	r Generic Core)			
2 Advanced Practice Core				
2.1 Biological Sciences (18-month Midwifery Training)	40			
2.2 Midwifery Knowledge (18-month Midwifery Training)	30			
2.3 Professional Midwifery Practice (18-month Midwifery Training)	130			
- During Pregnancy				
- During Labour & Birth				
- During Puerperium				
- Care of Newborn (up to 6 weeks of life)				
2.4 Others (please specify the program / course at Appendix 2):				
Total (at least 200 hours for Advanced	Practice Core)			
3 Specialty Core				
3.1 Advanced Case Management (18-month Midwifery Training)	90			
- For maternal / obstetric problems in pregnancy				
- For problems associated with labour and childbirth				
- For maternal health problems in puerperium				
- For sick neonates				
3.2 Breastfeeding Management and Counselling	40			
3.3 Others (please specify the midwifery specialty program / course at Appendix 3):	50			
Total (at least 180 hours for Specialty Core)				
Gran	d Total (Hours)			
10				

Appendix 1 – Training Detail of Generic Core

Date	Course	Course Organization / Institution	Duration (Hours)

Appendix 2 – Training Detail of Advanced Core

Date	Course	Course Organization / Institution	Duration (Hours)

Appendix 3 – Training Detail of Specialty Core

Date	Course	Course Organization / Institution	Duration (Hours)

Details of Generic Core, Advanced Core and Specialty Core, please refer to the Curriculum and Syllabus for Membership Training of the Advanced Practice Midwives.

Module 3 Elective Sub-Specialty Training LACTATION

(Reviewed & Revised on 16 October 2019)

Module 3: Elective Sub-specialty Training – Lactation

Consist of theoretical input and clinical practice on lactation management

Learning Objectives:

- 1. Possess specialist knowledge of breastfeeding
- 2. Contribute to improved breastfeeding practices and success rates
- 3. Apply communication and counseling skills to work together with mothers to prevent and solve breastfeeding problems
- 4. Collaborate with other members of the health care team to provide comprehensive care that protects, promotes and supports breastfeeding
- 5. Encourage a social environment that supports breastfeeding families
- 6. Pass examination organized by the International Board of Lactation Consultant Examiners (IBLCE) and become an International Board Certified Lactation Consultant (IBCLC) before admission for the Fellow Membership Examination.

Theory

A comprehensive breastfeeding education program with minimum 90-hour theoretical input as recognized by IBLCE $^{\rm 1}$

Clinical Practice²

- 1. Clinical Practice under supervision
 - Works directly with breastfeeding mother-baby dyads under sub-specialty mentor's direct supervision – level 3 competence (at least 200 hours)
- 2. Independent Clinical Practice for at least 800 hours
 - With sub-specialty mentors available on site level 4 competency
 - Without need for supervision level 5 competence
- 3. Clinical learning activities related to breastfeeding are:
 - Direct breastfeeding supervisions
 - Managing breastfeeding problems
 - Conducting breastfeeding class
- 4. All learning activities have to be well documented in a log book.
- 5. Mentor of specialty should be the College Fellow Member with validated IBCLC.
- 6. Mentees are required to have at least 500 hours clinical practice at 3-4 level of competence before application for the Ordinary Membership Examination.
- 7. Mentees are required to complete the other 500 hours clinical practice at 4 5 level of competence and submit at least 5 cases study which are logged detail in lactation problem with management for the application of Fellow Membership Examination (Exit Assessment).

¹ www.iblce.edu.au

² Not less than 1000 hours of experience in providing maternal-child care that supports breastfeeding families includes lactation assistance to pregnant and breastfeeding women and lactation education to families and/or professionals. In addition, the mentees have observed and assisted lactation skills during their Post-registration Diploma in Midwifery Programme that they are expected to possess the level I & 2 of competence in lactation.

1. Theory (Minimum 90 hours)

Name of Education Program	Organized by	Duration / Hours	Certification Obtained and Date	
		Hours	and Date	
Insert additional sheets if required				
Total Hours:				

2. Clinical Practice

Mentee is required to have at least 1000 hours of experience in providing maternal-child care that supports breastfeeding families includes lactation assistance to pregnant and breastfeeding women and lactation education to families and/or professionals with competency from level 3 to level 5.

Competence	Total Hours of Practice		
Level:	Clinical Practice	Conducting	Remarks:
	(Case Management)	Breastfeeding Education Class	
Level 3			At least 200 hours
Level 4			At least 800 hours
Level 5			71t least 600 flours
Grand Total:			At least 1000 hours

Clinical Practice Record:

2.1 Clinical Practice under Mentor's Supervision – level 3 competence (At least 200 hours)

Case No.	Date	Description of the Case Management / Activities Related to Breastfeeding	Contact Hours	Mentor of Specialty Name / Signature
110.		Tienvines Related to Dieastreeding	Tiouis	Name / Dignature
Lugant additional decata if nagained				
	Insert additional sheets if required			
Iotal I	Hours in Level 3:			

2.2 Independent Clinical Practice with mentor available on site – **level 4 competence**

Case	Date	Description of the Case Management /	Contact	Mentor of Specialty
No.		Activities Related to Breastfeeding	Hours	Name / Signature
Insert additional sheets if required				
Total I	Hours in Level 4:			

2.2 Independent Clinical Practice without need for supervision – **level 5 competence**

Case No.	Date	Description of the Case Management / Activities Related to Breastfeeding	Contact Hours	Mentor of Specialty Name / Signature
110.		Tion titles iterated to Breastreeding	110015	Tunie / Signature
	additional sheets if	required		
Total I	Hours in Level 5:			

Lactation Case Study 1:

Case history /	Mother:	
information:		
	Baby:	
Problem identified:		
Breastfeeding diagnose:		
Management:		
Reflection /		
Other comments:		
Mentor of Specialty:		
Name:	Signature:	Date:

Lactation Case Study2:

Name:	Signature: Date:
Mentor of Specialty:	
Reflection / Other comments:	
Management:	
Breastfeeding diagnose:	
Problem identified:	
D 11 11 20 1	
	Baby:
information.	
Case history / information:	Mother:

Lactation Case Study 3:

Case history /	Mother:	
information:		
	Baby:	
Problem identified:		
D (C 1) 1		
Breastfeeding diagnose:		
N/ /		
Management:		
Reflection /		
Other comments:		
Mentor of Specialty:	L	
Name:	Signature:	Date:

Lactation Case Study 4:

Case history /	Mother:
information:	
	Baby:
Problem identified:	
Breastfeeding diagnose:	
Management:	
Reflection /	
Other comments:	
Mentor of Specialty:	
Nama	Signatura: Data:

Lactation Case Study 5:

Case history /	Mother:	
information:		
	Baby:	
Problem identified:		
1 1001cm identified.		
Droastfooding diagnosa.		
Breastfeeding diagnose:		
3.6		
Management:		
Reflection /		
Other comments:		
Mentor of Specialty:		
Name:	Signature:	Date:

Certificate of Accuracy

I certify that the information conta	ined in the Log Book covering
the period from	
to	_ is a true and accurate record
of my training experiences.	
Signature of Mentee:	
Name in Block Letter:	
Date:	