



Hong Kong College of Midwives

Membership Training Program

Curricula

and

Clinical Log Book

(High Dependency Midwifery Care)

Mentee's Name: _____

Period Covered: _____ **to** _____

Hong Kong College of Midwives is a Constituent College of
Hong Kong Academy of Nursing & Midwifery

The first version in December 2014

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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 Admission Interview* 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	Observation	Observes the clinical activity performed by a colleague
Level 2	Assisting	Assists a colleague to perform the clinical activity
Level 3	Direct Supervision	Performs the entire activity under direct supervision of a senior colleague
Level 4	Indirect Supervision	Performs the entire activity with indirect supervision of a senior colleague
Level 5	Independent Practice	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.

Remarks:

Mentees should present clinical logbook and relevant documents to prove satisfactory completion of the required competence in the 500 hours of theoretical input; at least 250 hours #initial guided clinical practice with at least 50% under mentor guidance in module 2 & 3 and are required to complete the additional 250 hours #final guided clinical practice with at least 50% under mentor guidance or the clinical practice hours and requirements as stipulated by the elective sub-specialty training.

Initial Guided Clinical Practice

Refers to the mentee is under guidance of a designated Fellow Member or mentor recognized by the College in a local clinical specialty department.

Final Guided Clinical Practice

Refers to the mentee is under guidance of a designated Fellow Member in a local clinical specialty department appointed by the College.

Guided Clinical Practice include:

- i) Experiential learning with mentor guidance at local clinical specialty departments;
- ii) Practicum at work/non-work places with mentors from local clinical specialty departments under university/tertiary institution programs

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:

Qualifications Obtained	Date Obtained

Professional Qualifications:

Qualifications Obtained	Date Obtained

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 <ul style="list-style-type: none"> - Sexual and Reproductive Health - Public and Primary Health - Maternal and Child Health 	
Professional, Ethical and Legal Aspects of Midwifery Practice <ul style="list-style-type: none"> - Professional Knowledge - Evidence-based Practice in Midwifery - Personal Growth & Professional Development 	
Biological Sciences	
Midwifery Knowledge	
Professional Midwifery Practice <ul style="list-style-type: none"> - 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

Mentees are required to have at least 250 hours initial guided clinical practice with at least 50% under mentor guidance in the module 2 & 3 of membership training for the Post Midwifery Registration.

Module 2
Post Basic Midwifery Clinical Management

Module 2 – 18 Months Post Basic Midwifery Clinical Management

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 / Hours	Certification Obtained 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. Polyhydramnios
- 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 incompatibility;
- 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	Observation	Observes the clinical activity performed by a colleague
Level 2	Assisting	Assists a colleague to perform the clinical activity
Level 3	Direct Supervision	Performs the entire activity under direct supervision of a senior colleague
Level 4	Indirect Supervision	Performs the entire activity with indirect supervision of a senior colleague
Level 5	Independent Practice	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 hours under guided practice

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

Records of Postnatal Clinical Management

Working location / Institution	Period	No. of hours under guided practice

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

Records of Intrapartum Clinical Management

Working location / Institution	Period	No. of hours under guided practice

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

Records of in Intrapartum Clinical Management

Working location / Institution	Period	No. of hours under guided practice

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

Records of Neonatal Complications Management

Working location / Institution	Period	No. of hours under guided practice

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

Requirement and Record for the Theoretical Input

Mentees should have at least 500 theoretical hours in advanced midwifery practice certification program:

1. Not more than 200 hours can be counted from the Post-registration Diploma in Midwifery Program on completion of the basic midwifery training.
2. At least 300 hours should be at postgraduate level from the Master degree program in Nursing or relation to Midwifery from the recognized university or institution.
3. Additional required at least 20 theoretical hours of advanced midwifery practice in Post Midwifery Program.

Mentees are required to provide transcripts from the relevant institution or university to support the evidence of theoretical hours input as curriculum requirement for the Advanced Midwifery Practice Certification Program.

Mentees are required to keep the summary of theoretical hours record into Generic Core, Advanced Core and Specialty Core as the training program curriculum requirement. *(Please refer to the following pages for record keeping. Additional sheets can be used if necessary)*

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

Summary of Theoretical Hours Record

(I) Generic Core:

Post Graduate Level – at least 100 hours

Date	Course	Course Organization / Institution	Duration (Hours)
Total Hours:			

Post Registration Level related to Midwifery Specialty Practices – no more than 67 hours

Date	Course	Course Organization / Institution	Duration (Hours)
Total Hours:			

Summary of Theoretical Hours Record

(II) **Advanced Core**

Post Graduate Level – at least 100 hours

Date	Course	Course Organization / Institution	Duration (Hours)
Total Hours:			

Post Registration Level related to Midwifery Specialty Practices – no more than 67 hours

Date	Course	Course Organization / Institution	Duration (Hours)
Total Hours:			

Summary of Theoretical Hours Record

(III) Specialty Core

Post Graduate Level – at least 100 hours

Date	Course	Course Organization / Institution	Duration (Hours)
Total Hours:			

Post Registration Level related to Midwifery Specialty Practices – no more than 67 hours

Date	Course	Course Organization / Institution	Duration (Hours)
Total Hours:			

Module 3
Elective Sub-Specialty Training

HIGH DEPENDENCE MIDWIFERY CARE

2nd version – 3 May 2021

1st version - 16th October 2019

High Dependence Midwifery Care

Although the need of high dependence care is relatively infrequent in Obstetrics, it is a goal for all midwives and obstetricians to improve the outcome for the critically ill obstetric women. High dependence midwifery care is crucial in achieving this goal and it is also a valid option in terms of efficacy for critically ill women.

1 Definition

High Dependence Midwifery Care has been identified as an intermediate level of care between the intensive care unit and the ordinary ward setting. Women either having a pre-existing or newly diagnosed medical condition that is complicating their pregnancy or those who are at a high risk of developing life-threatening complications will be cared in the High Dependence Obstetric Unit (HDU(Obs)). More detailed observation and interventions including basic support of a single organ system, post-operative care and those 'stepping down' from higher levels of care.

Having specially trained staff, deterioration of condition is detected earlier and appropriate, timely and complex intervention are implementation. High Dependency Midwifery care provides mothers with expert midwifery care as well as critical care while remaining with their babies where possible. Encouraging bonding and supporting breastfeeding to mothers during this stressful and often unexpected time are also the goals of the care.

2 Training Requirements for High Dependence Midwifery Care Module

This module comprises of training on High Dependence Midwifery Care of at least 12 months. During the 12-month training, mentees are required to care for women with critical conditions at antepartum, intrapartum or early postpartum period.

Examples of conditions require high dependency midwifery care are:

- ✧ Cardiovascular disorders such as congenital or acquired heart disease, peripartum cardiomyopathy, venous thromboembolism, amniotic fluid embolism, mother requiring invasive monitoring
- ✧ Hypertensive disorders such as severe hypertension, severe pre-eclampsia, HELLP syndrome, eclampsia or seizures, moderate hepatic / renal dysfunction
- ✧ Massive obstetric haemorrhage including antenatal and postnatal haemorrhage with cardiovascular instability or high risk of re-bleeding
- ✧ Respiratory disorders such as moderate asthma, pneumonia, pulmonary embolism / pulmonary oedema
- ✧ Infections such as severe sepsis, septic shock
- ✧ Hepatic or renal disorders such as acute fatty liver, obstetric cholestasis, acute kidney injury, nephrotic syndrome
- ✧ Endocrine disorders such as severe electrolyte disturbances, severe hypo/hyperglycaemia

The above list is not exhaustive.

3 Learning Objectives

By the end of 12-month module 3 training, the mentee should be able to

- 3.1 Describe the pathophysiology, clinical manifestations, and treatment modalities of cardiovascular, respiratory and neurological diseases/illnesses and conditions in intensive care
- 3.2 Acquire the knowledge and skill in the health assessment and monitoring of critically ill women
- 3.3 Analyze common laboratory findings of patients for making nursing judgments, and identify the clinical problems
- 3.4 Understand the nursing management for critically ill women
- 3.5 Participate in the transportation management for critically ill women
- 3.6 Enhance the knowledge and skill in critical care management of pregnancy-induced physiological changes and obstetrical emergency
- 3.7 Understand the equipment that is being used
- 3.8 Gain insight into the different drugs that are used with the HDU(Obs)
- 3.9 Recognize the deteriorating women related to specific conditions
- 3.10 Carry out the specialized care for the ill women
- 3.11 Understand when and how to escalate care
- 3.12 Understand the importance of fluid balance management
- 3.13 Provide comprehensive psychological support to women and their families
- 3.14 Provide education and support to enable postnatal women to successfully meet the breastfeeding goal
- 3.15 Prepare for the further 2 years of Post Membership Training to provide care and management for women with critical condition independently or at least under indirect supervision

4. Education Program and Clinical Practice

The mentees are required to attend at least one post basic training education program related to high dependence obstetric care / critical care. They are also required to indicate their levels of competence for at least 250 hours under final guided clinical practice.

4.1 Education Program

The mentee has to attend continuing education programs such as high dependence obstetric care, acute critical care, advanced life support, advanced life support in obstetric emergencies, neonatal resuscitation, etc....

4.1 Education Program

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

4.2 Clinical Practice

Working Location / Institution	Period	No. of hours under final guided practice

5 Individual Case Records

The mentee should complete their individual case records with sub-specialty mentor's verification accordingly. Level of competence would be decided by the mentor.

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

5.1 Criteria of a Complete Logged Case

The mentee should

- At least care for the woman for a whole shift.
- **NOT** count as two logged cases for the same woman caring for different shifts.

***During the training on High Dependence Midwifery care, the mentee is required to have total 50 complete logged antenatal (AN) or postnatal (PN) cases including at least 20 logged cases at level 3 competence or above during the 12-month module 3 training for the Ordinary Membership Admission Interview and at least 30 logged cases at level 4 competence or above for the further 2 years of Post Membership Training for the Fellow Membership Examination (Exit Assessment).*

5.2 Case Record of Logged Case

Case No.	Date	AN/PN case	Case History	Problem(s) Identified	Outcomes	Level of Competence	Mentor's name/ signature
1.							
2.							

Case No.	Date	AN / PN case	Case History	Problem(s) Identified	Outcomes	Level of Competence	Mentor's name signature
3.							
4.							
5.							
6.							

Case No.	Date	AN / PN case	Case History	Problem(s) Identified	Outcomes	Level of Competence	Mentor's name & signature
7.							
8.							
9.							
10.							

Case No.	Date	AN / PN case	Case History	Problem(s) Identified	Outcomes	Level of Competence	Mentor's name & signature
11.							
12.							
13.							
14.							

Case No.	Date	AN / PN case	Case History	Problem(s) Identified	Outcomes	Level of Competence	Mentor's name & signature
15.							
16.							
17.							
18.							

Case No.	Date	AN / PN case	Case History	Problem(s) Identified	Outcomes	Level of Competence	Mentor's name & signature
19.							
20.							
21.							
22.							

Case No.	Date	AN / PN case	Case History	Problem(s) Identified	Outcomes	Level of Competence	Mentor's name & signature
23.							
24.							
25.							
26.							

Case No.	Date	AN / PN case	Case History	Problem(s) Identified	Outcomes	Level of Competence	Mentor's name & signature
27.							
28.							
29.							
30.							

Case No.	Date	AN / PN case	Case History	Problem(s) Identified	Outcomes	Level of Competence	Mentor's name & signature
31.							
32.							
33.							
34.							

Case No.	Date	AN / PN case	Case History	Problem(s) Identified	Outcomes	Level of Competence	Mentor's name & signature
35.							
36.							
37.							
38.							

Case No.	Date	AN / PN case	Case History	Problem(s) Identified	Outcomes	Level of Competence	Mentor's name & signature
39.							
40.							
41.							
42.							

Case No.	Date	AN / PN case	Case History	Problem(s) Identified	Outcomes	Level of Competence	Mentor's name & signature
43.							
44.							
45.							
46.							

Case No.	Date	AN / PN case	Case History	Problem(s) Identified	Outcomes	Level of Competence	Mentor's name & signature
47.							
48.							
49.							
50.							

6 Summary of Clinical Experience on High Dependence Midwifery Care

Date: from _____ to _____

Condition / Disease / Problem care for	Number of cases
Cardiac Disease	
Thromboembolism	
Amniotic Fluid Embolism	
Severe Pre-eclampsia	
HELLP	
Massive Haemorrhage	
Pulmonary Embolism / Edema	
Severe Sepsis / Septic Shock	
Hypo / Hyperglycaemia	
Other:	

Signature of Mentor: _____

Name of Mentor: _____

Date: _____

7 Detailed Case Reports

For the Fellow Membership Examination (Exit Assessment), details of 3 cases have to be presented. The mentee can choose any 3 cases from the logged cases to write the detailed case reports. The description and discussion of each case should be at least 1500 words. A word count should be inserted at the end of each case. They should reflect the characteristics of high dependency midwifery care which include special assessment, intervention and specific equipment used.

Health and Obstetric History

The mentee should gather health and obstetric data from the woman so that the health care team and the woman can collaboratively create a plan that will promote health, address acute health problems, and minimize chronic health conditions. Data gathered may include signs and symptoms of specific condition and past and current medical / obstetrical conditions, etc Information gathered from physical examination should also be included.

Assessment

Mentee should describe the assessment performed including maternal, fetal and neonatal wellbeing. Specific assessment related to the chief complaint and condition should be recorded and reported such as neurological, cardiovascular, and respiratory. Condition of any invasive sites or incisions should also be documented.

Diagnostic Tests

Mentee should report diagnostic test results with test date. Specific rationale for offering the test should be described. Common side effects and side effect observed will also be documented.

Medications

Mentee should report diagnostic all scheduled medications with rationale, action of medication, dose, route, time and frequency of medication used.

Plan of Care

Mentee should formulate a plan of care for the woman, evaluate woman's response to intervention and suggest expected outcomes as appropriate.

Reflection

Mentee should write reflection on the case, which may include personal feelings, opinions, beliefs, strengths and weakness. Besides, for the whole care process, area with good practice, area for further personal improvements and learning points should be identified and described.

Certificate of Accuracy

I certify that the information contained in the Log Book covering the period from _____ to _____ is a true and accurate of my training experience.

Signature of Mentee: _____

Name in Block Letter: _____

Date: _____