



# **Hong Kong College of Midwives**

## **Membership Training Program**

### **Curricula and Clinical Log Book (Perinatal Grief Counselling)**

**Mentee's Name:** \_\_\_\_\_

**Period Covered:** \_\_\_\_\_ to \_\_\_\_\_

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

*The first version in Jun 2024*

## Content Table

Purpose of the Log Book	p. 2
Midwifery Specialist Training Program	p. 2
Levels of Competence	p. 2
Timing of the Log Book	p. 3
Using the Log Book	p. 3
Personal Particulars	p. 4
Module 1 – Basic Midwifery Training	p. 5 - 7
Module 2 – Post Basic Midwifery Clinical Management	p. 8 - 18
Requirement and Record for the Theoretical Input	p. 19 - 22
Module 3 – Elective Sub-Specialty Training Perinatal Grief Counselling	p. 23 - 42

### **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"> <li>- Sexual and Reproductive Health</li> <li>- Public and Primary Health</li> <li>- Maternal and Child Health</li> </ul>	
Professional, Ethical and Legal Aspects of Midwifery Practice <ul style="list-style-type: none"> <li>- Professional Knowledge</li> <li>- Evidence-based Practice in Midwifery</li> <li>- Personal Growth &amp; Professional Development</li> </ul>	
Biological Sciences	
Midwifery Knowledge	
Professional Midwifery Practice <ul style="list-style-type: none"> <li>- Care during pregnancy</li> <li>- Care during Labour &amp; Birth</li> <li>- Care during Puerperium</li> <li>- Care of Newborn (up to 6 weeks of life)</li> </ul>	
<b>TOTAL HOURS:</b>	

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)	
<b>TOTAL No. of WEEKS</b>	

*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 Intrapartum 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)
<b>Total Hours:</b>			

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

Date	Course	Course Organization / Institution	Duration (Hours)
<b>Total Hours:</b>			

## Summary of Theoretical Hours Record

### (II) **Advanced Core**

**Post Graduate Level – at least 100 hours**

Date	Course	Course Organization / Institution	Duration (Hours)
<b>Total Hours:</b>			

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

Date	Course	Course Organization / Institution	Duration (Hours)
<b>Total Hours:</b>			

## Summary of Theoretical Hours Record

### (III) Specialty Core

**Post Graduate Level – at least 100 hours**

Date	Course	Course Organization / Institution	Duration (Hours)
<b>Total Hours:</b>			

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

Date	Course	Course Organization / Institution	Duration (Hours)
<b>Total Hours:</b>			

**Module 3**  
**Elective Sub-Specialty Training**  
**Perinatal Grief Counselling**



## 1. Grief Counselling

Grief counselling also known as bereavement therapy; it is a form of therapy intended to help people to cope with loss.

Midwives play an important role in all circumstances of pregnancy and baby loss including miscarriage, stillbirth, neonatal death and abnormality. They provide and coordinate holistic care and support for parents and their families. Supporting parents following the loss of their baby is a vital and challenging role for the midwives.

Regarding to the advanced midwifery practice in perinatal grief counselling, midwives should establish confidence and relevant competency in helping bereaved families, a structural educational needs of grief counseling to ensure midwives are equipped with the necessary knowledge and skills to support bereaved parents in advanced level.

## 2. Learning Objectives

By the ends of membership training, the mentee will be able to

- 2.1 carry out the role and responsibilities of a bereavement counsellor for perinatal loss
- 2.2 perform appropriate skills to disclose bad news and response to parents / families' questions and concerns
- 2.3 identify and recognize the stages of grief reactions for providing appropriate support accordingly
- 2.4 understand and utilize relevant theories related to grief in midwifery practice
- 2.5 demonstrate knowledge of the different approaches in counselling
- 2.6 identify conditions may require additional support and make appropriate referral to other mental health experts
- 2.7 aware of the support groups and bereavement services available to families
- 2.8 provide perinatal grief counselling independently for perinatal loss woman such as miscarriage or intra uterine death or abnormality

## 3. Education Program

The mentee has to attend at least one 8 hours basic training education program related to grief counselling with assessment required. They are also required to indicate their levels of competence for at least 250 hours under final guided clinical practice.

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

#### 4. Mentees are required to have

4.1 Observe or assist at least 3 cases (all case type should be included) in Level 1 or Level 2 Competence

Date	Case type Miscarriage/ IUD/ NND/ Abnormality/ Others	Level of Competence	Total no. of contact	Total contact hours	Mentor's name/ Signature

(IUD = Intra-uterine Death; NND = Neonatal Death)

4.2 Clinical practice under supervision (Level 3-4)

- Works directly not less than 5 perinatal grief counselling cases (all case type should be included) under mentor's supervision
- At least Level 3 Competence
- Well documented in a logbook

4.3 Independent clinical practice (Level 5) for at least 10 cases with 50% perinatal loss or congenital abnormality

- Well documented in a logbook

#### 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 mentor.

Level 1	Observation	Observes the clinical activity performed by a colleague
Level 2	Assisting	Assists a colleague to perform the clinical activities
Level 3	Direct Supervision	Perform 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 Complete Logged Case (Level 3 – 5)

The mentee should

- take care woman and /or her family members for at least 5 contacts including face to face counselling or phone follow up. Each contact should be more than 15 minutes
- **NOT** count as two logged cases for the same woman caring for different shifts

### 5.2 Case Record of Logged Case (Level 3 – 5)

Case No.	Date	Case type <sup>(1)</sup> (M/I/N/A/O)	Case History	Case Management (Record on each contact)		Level of Competence	Total contact hours	Mentor's name/ Signature
					Content			
1.				1 <sup>st</sup>				
				2 <sup>nd</sup>				
				3 <sup>rd</sup>				
				4 <sup>th</sup>				
				5 <sup>th</sup>				

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

Case No.	Date	Case type <sup>(1)</sup> (M/I/N/A/O)	Case History	Case Management (Record on each contact)		Level of Competence	Total contact hours	Mentor's name/ Signature
					Content			
2.				1 <sup>st</sup>				
				2 <sup>nd</sup>				
				3 <sup>rd</sup>				
				4 <sup>th</sup>				
				5 <sup>th</sup>				

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

Case No.	Date	Case type <sup>(1)</sup> (M/I/N/A/O)	Case History	Case Management (Record on each contact)		Level of Competence	Total contact hours	Mentor's name/ Signature
					Content			
3.				1 <sup>st</sup>				
				2 <sup>nd</sup>				
				3 <sup>rd</sup>				
				4 <sup>th</sup>				
				5 <sup>th</sup>				

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

Case No.	Date	Case type <sup>(1)</sup> (M/I/N/A/O)	Case History	Case Management (Record on each contact)		Level of Competence	Total contact hours	Mentor's name/ Signature
					Content			
4.				1 <sup>st</sup>				
				2 <sup>nd</sup>				
				3 <sup>rd</sup>				
				4 <sup>th</sup>				
				5 <sup>th</sup>				

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

Case No.	Date	Case type <sup>(1)</sup> (M/I/N/A/O)	Case History	Case Management (Record on each contact)		Level of Competence	Total contact hours	Mentor's name/ Signature
					Content			
5.				1 <sup>st</sup>				
				2 <sup>nd</sup>				
				3 <sup>rd</sup>				
				4 <sup>th</sup>				
				5 <sup>th</sup>				

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

Case No.	Date	Case type <sup>(1)</sup> (M/I/N/A/O)	Case History	Case Management (Record on each contact)		Level of Competence	Total contact hours	Mentor's name/ Signature
					Content			
6.				1 <sup>st</sup>				
				2 <sup>nd</sup>				
				3 <sup>rd</sup>				
				4 <sup>th</sup>				
				5 <sup>th</sup>				

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)



Case No.	Date	Case type <sup>(1)</sup> (M/I/N/A/O)	Case History	Case Management (Record on each contact)		Level of Competence	Total contact hours	Mentor's name/ Signature
					Content			
7.				1 <sup>st</sup>				
				2 <sup>nd</sup>				
				3 <sup>rd</sup>				
				4 <sup>th</sup>				
				5 <sup>th</sup>				

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

Case No.	Date	Case type <sup>(1)</sup> (M/I/N/A/O)	Case History	Case Management (Record on each contact)		Level of Competence	Total contact hours	Mentor's name/ Signature
					Content			
8.				1 <sup>st</sup>				
				2 <sup>nd</sup>				
				3 <sup>rd</sup>				
				4 <sup>th</sup>				
				5 <sup>th</sup>				

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

Case No.	Date	Case type <sup>(1)</sup> (M/I/N/A/O)	Case History	Case Management (Record on each contact)		Level of Competence	Total contact hours	Mentor's name/ Signature
					Content			
9.				1 <sup>st</sup>				
				2 <sup>nd</sup>				
				3 <sup>rd</sup>				
				4 <sup>th</sup>				
				5 <sup>th</sup>				

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

Case No.	Date	Case type <sup>(1)</sup> (M/I/N/A/O)	Case History	Case Management (Record on each contact)		Level of Competence	Total contact hours	Mentor's name/ Signature
					Content			
10.				1 <sup>st</sup>				
				2 <sup>nd</sup>				
				3 <sup>rd</sup>				
				4 <sup>th</sup>				
				5 <sup>th</sup>				

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

Case No.	Date	Case type <sup>(1)</sup> (M/I/N/A/O)	Case History	Case Management (Record on each contact)		Level of Competence	Total contact hours	Mentor's name/ Signature
					Content			
11.				1 <sup>st</sup>				
				2 <sup>nd</sup>				
				3 <sup>rd</sup>				
				4 <sup>th</sup>				
				5 <sup>th</sup>				

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

Case No.	Date	Case type <sup>(1)</sup> (M/I/N/A/O)	Case History	Case Management (Record on each contact)		Level of Competence	Total contact hours	Mentor's name/ Signature
					Content			
12.				1 <sup>st</sup>				
				2 <sup>nd</sup>				
				3 <sup>rd</sup>				
				4 <sup>th</sup>				
				5 <sup>th</sup>				

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

Case No.	Date	Case type <sup>(1)</sup> (M/I/N/A/O)	Case History	Case Management (Record on each contact)		Level of Competence	Total contact hours	Mentor's name/ Signature
					Content			
13.				1 <sup>st</sup>				
				2 <sup>nd</sup>				
				3 <sup>rd</sup>				
				4 <sup>th</sup>				
				5 <sup>th</sup>				

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

Case No.	Date	Case type <sup>(1)</sup> (M/I/N/A/O)	Case History	Case Management (Record on each contact)		Level of Competence	Total contact hours	Mentor's name/ Signature
					Content			
14.				1 <sup>st</sup>				
				2 <sup>nd</sup>				
				3 <sup>rd</sup>				
				4 <sup>th</sup>				
				5 <sup>th</sup>				

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)



Case No.	Date	Case type <sup>(1)</sup> (M/I/N/A/O)	Case History	Case Management (Record on each contact)		Level of Competence	Total contact hours	Mentor's name/ Signature
					Content			
15.				1 <sup>st</sup>				
				2 <sup>nd</sup>				
				3 <sup>rd</sup>				
				4 <sup>th</sup>				
				5 <sup>th</sup>				

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

## Summary of final guided clinical practices:

Level of Competence	No. of cases practice	Case Type <sup>(1)</sup>					Total no. of contacts	Total practice hours
		M	I	N	A	O		
Observe or assist at least 3 cases <b>Level 1 – 2</b>								
Work directly on 5 grief counselling cases under mentor’s supervision <b>Level 3 - 4</b>								
Independent practice on at least 10 cases with 50% perinatal loss or congenital abnormality <b>Level 5</b>								
<b>Total No. of contacts and Guided clinical practice hours</b>								

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

## 6. Detailed Case Reports

For the Fellow Membership Examination (Exit Assessment), one detailed case report with at least 2500 words description and discussion should be prepared. The mentee can choose any one case from the logged cases to write the detailed case report. A word count should be inserted at the end of the report. The report writing should reflect the characteristics of grief counseling which include special assessment, intervention and specific equipment used.

The case report should include health and obstetric history, assessment, problem identify, management, plan of care and reflection. The part of reflection on the case should include personal feelings, opinions, beliefs, strength and weakness. Besides, for the whole care process, area with good practice, personal improvement and learning points should be identified and described.

### **\*\* Points to note in writing counseling case studies**

The mother-baby dyad should be under the direct care of the mentee.

Description of the situation, the woman’s behaviour, some environmental factors like family, work, ethnic, cultural and social economic factors.

The mentee’s opinion about the situation and a tentative management plan. It should include:

- Analysis about the woman’s situation
- Diagnosis or summary/interpretation of the client’s problem from a particular theoretical standpoint or from an integrative perspective
- Interventions that might help the client based on the analysis

# 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: \_\_\_\_\_

## Certificate of Accuracy

I certify that the information contained 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: \_\_\_\_\_