

An example of an application for:

QLP

Leadership

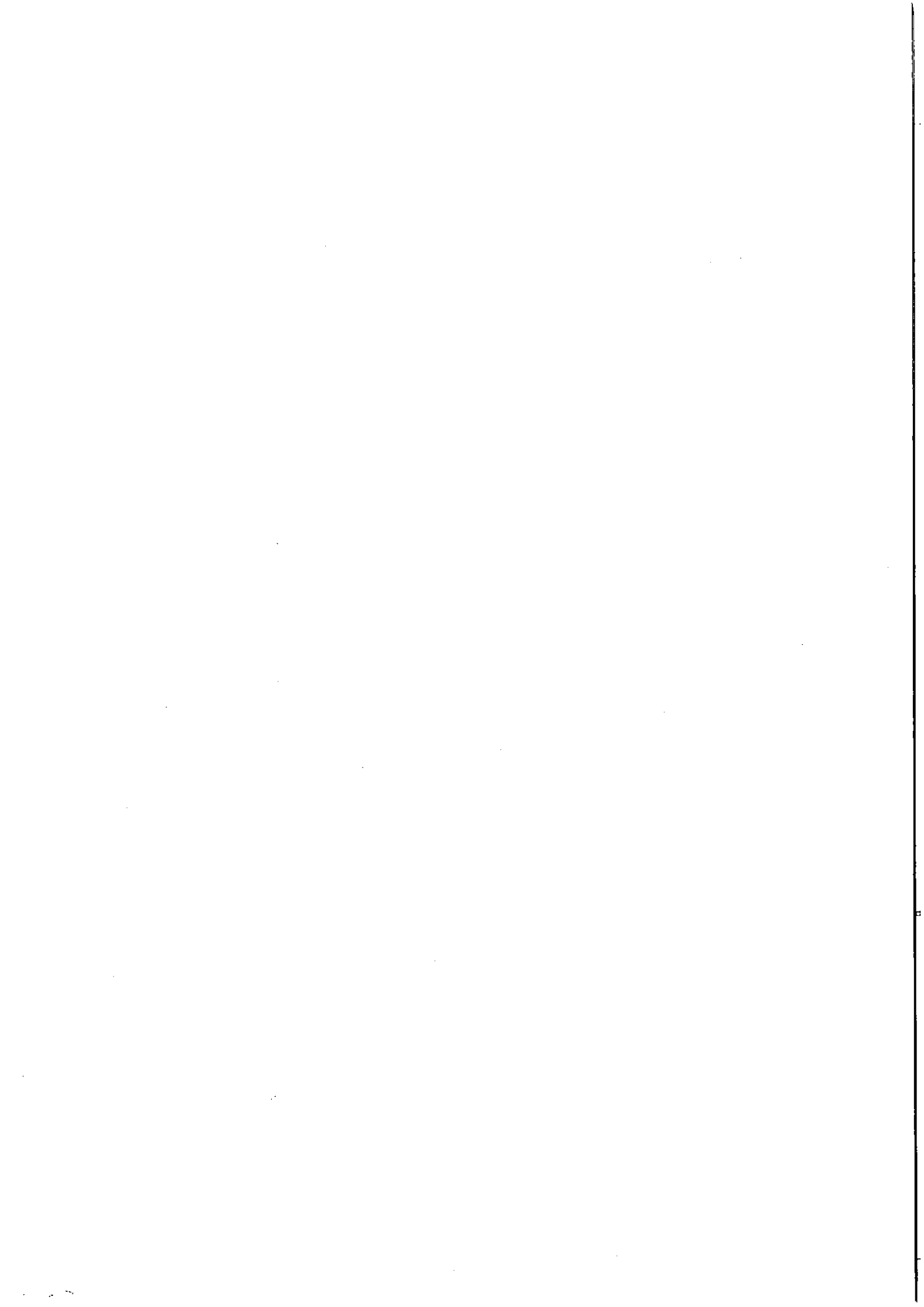
Midwife

Contents:

1. Application form
2. Assessment form
3. Photocopy of APC (front and back)
or printout from Midwifery Council webpage
4. Photocopy of current MSR certificate
5. A reflection on current midwifery practice
6. Performance appraisal (within last 12 months)
7. Peer Review Feedback from – 3 peer reviews
8. Quality or Leadership Activity Reports

Created by Tina Hewitt, Dianne Leishman and Rhonda Robertson at Canterbury DHB

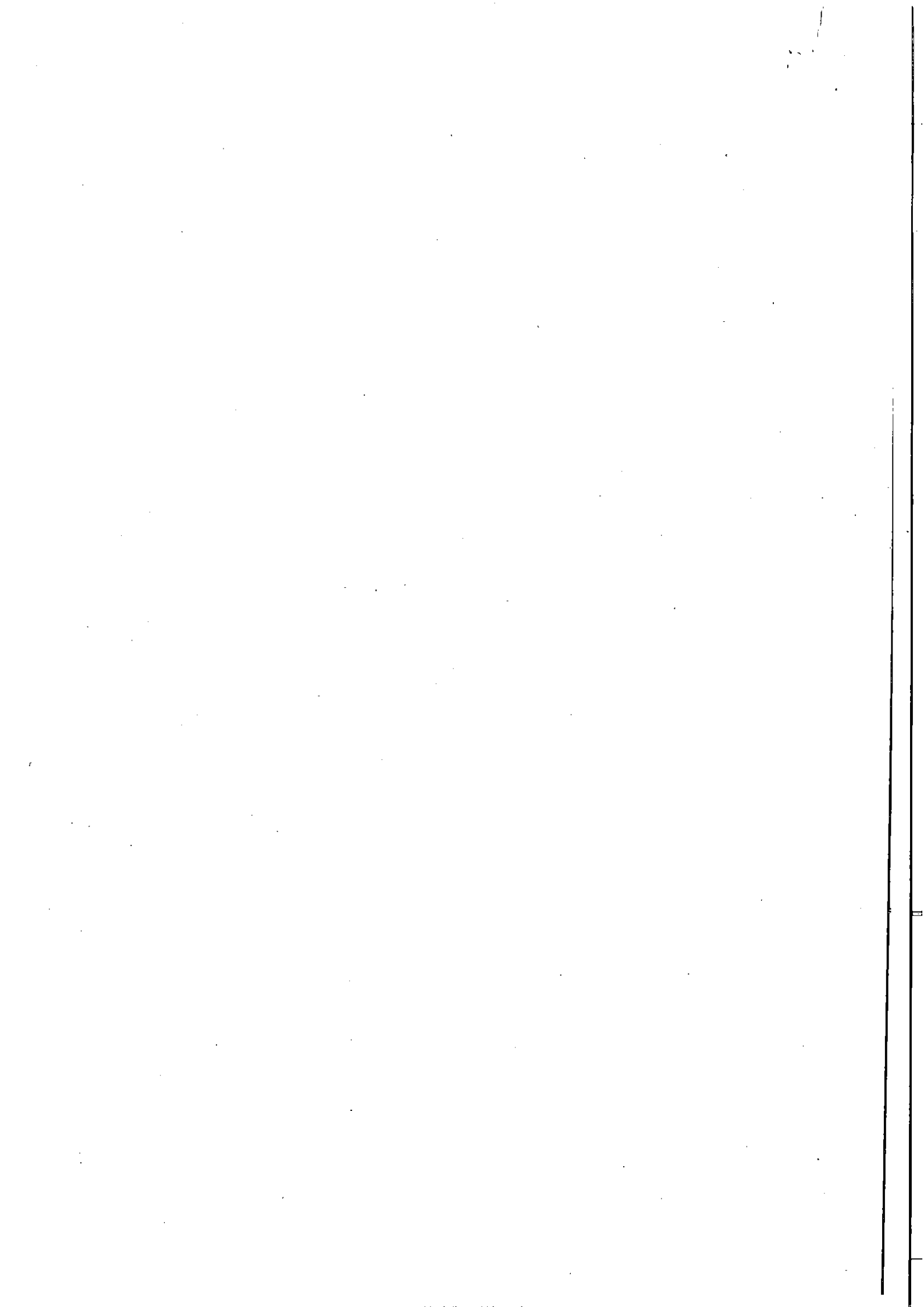
November 2018



Appendix 2 - Application for Domain Progression

Application for Domain Progression

Name of Midwife	<u>Jenny Lee</u>	Employee Number	<u>3456789</u>
Domain applied for: <input type="radio"/> Confident Domain <input checked="" type="radio"/> Leadership Domain			
Midwife declaration			
<input checked="" type="checkbox"/> I would like to present my portfolio progression for the above domain. I have discussed my plans to apply with my line manager.			
<input checked="" type="checkbox"/> I confirm that the work contained in my portfolio is my own, and based on my current practice as a midwife.			
<input checked="" type="checkbox"/> I understand my portfolio may be audited for purposes of authentication, and may be submitted for internal or external moderation.			
<input checked="" type="checkbox"/> I understand that if there are any concerns about aspects of my portfolio, these will be discussed with me.			
Signed: <u>Jenny Lee</u>		Date: <u>9-9-18</u>	
Portfolio received			
Signature of Assessor: _____		Date: _____	
<p><i>You should receive a photocopy of this form to confirm receipt of your portfolio. It is anticipated that your portfolio will be assessed by one of the QLP assessors and a decision will be made within 6-8 weeks from the above date. If you have any concerns about the process or the decision contact the programme co-ordinator in the first instance.</i></p>			
For Assessor/ Manager use only			
Portfolio meets the criteria for: <input type="radio"/> Confident practitioner <input type="radio"/> Leadership practitioner			
This application is supported by: _____			
Name of Assessor		Signature of Assessor	
This application is supported by: _____			
Name of Manager		Signature of Manager	
Domain payments should be commenced from: _____ (date)			
<i>Manager directions to start or increase Domain payments</i>			



QLP Assessment form - Leadership Domain

Name of Midwife

Jenny Lee

Employee Number

3456789

This form is to assist midwives in preparing their portfolio for assessment and for assessors to confirm that all the required documentation is present.

Requirement	Evidence	Midwife checklist	Assessor comments
I Has completed a Midwifery standards review in the past two/three years and holds an annual practicing certificate with no conditions	MSR certificate Holds current Annual Practicing Certificate without conditions (Interim APC does not meet requirement)	✓	
II Meets the requirements of the position description.	Evidenced in performance appraisal/review <i>(in last 12 months)</i>	✓	
III Practices autonomously on the basis of evidence-informed practice.	A reflection on their current midwifery practice, this may be their Midwifery Standards Review reflection on practice <i>(submitted on application and then 3 yearly)</i>	✓	
IV Has significant midwifery experience. Is able to communicate this to colleagues and demonstrate this clinically	Evidenced via performance appraisal/review and satisfactory peer review from 3 colleagues, one must be an LMC and one must be a core midwife/community midwife, the other is up to the individual - see appendix 4 <i>(submitted on application and then 3 yearly)</i>	✓	
V Demonstrates contextual knowledge and professional understanding	Description of how they see themselves as a midwife particularly in relation to the code of conduct, code of ethics, and the contractual framework (can be linked to requirement iii) <i>(submitted on application and then 3 yearly)</i>	✓	
VI Is a role model and resource for her workplace within the maternity service	Evidenced via performance appraisal/review and other evidence such as an example of a project she champions, guidelines written; presentations to colleagues etc. (see appendix 3) Satisfactory feedback from 3 midwifery colleagues, one must be an	✓	

	LMC and one must be a core midwife/community midwife, the other is up to the individual <i>(submitted on application and then 3 yearly)</i>		
VII Undertakes midwifery-related education, additional to compulsory requirements	Evidence of educational achievement in portfolio with commentary on how this education has supported practice at a leadership domain <i>(submitted on application and then 3 yearly)</i>	✓	
VIII Takes a midwifery leadership role in quality improvement and innovation in her workplace	Provides a report of leadership activity for portfolio <i>(submitted on application and annually at performance review)</i>	✓	
IX Takes a midwifery leadership role in her workplace	Evidenced by performance review or other evidence Reflection on leadership style. Satisfactory peer review from 3 colleagues, one must be an LMC and one must be a core midwife/community midwife, the other is up to the individual <i>(submitted on application and then 3 yearly)</i>	✓	

Issued to: *Jenny Lee*

Health Practitioners Competence Assurance Act 2003

Registration No: **15-09294** Common Person No: **1.1BTCS**

Scope of Practice: **Midwife** Expiry Date: **31/03/2019**

Details of the scope may be viewed at www.midwiferycouncil.health.nz

Status: **Annual, 2018-2019**



midwifery council
of new zealand

PRACTITIONER CERTIFICATE

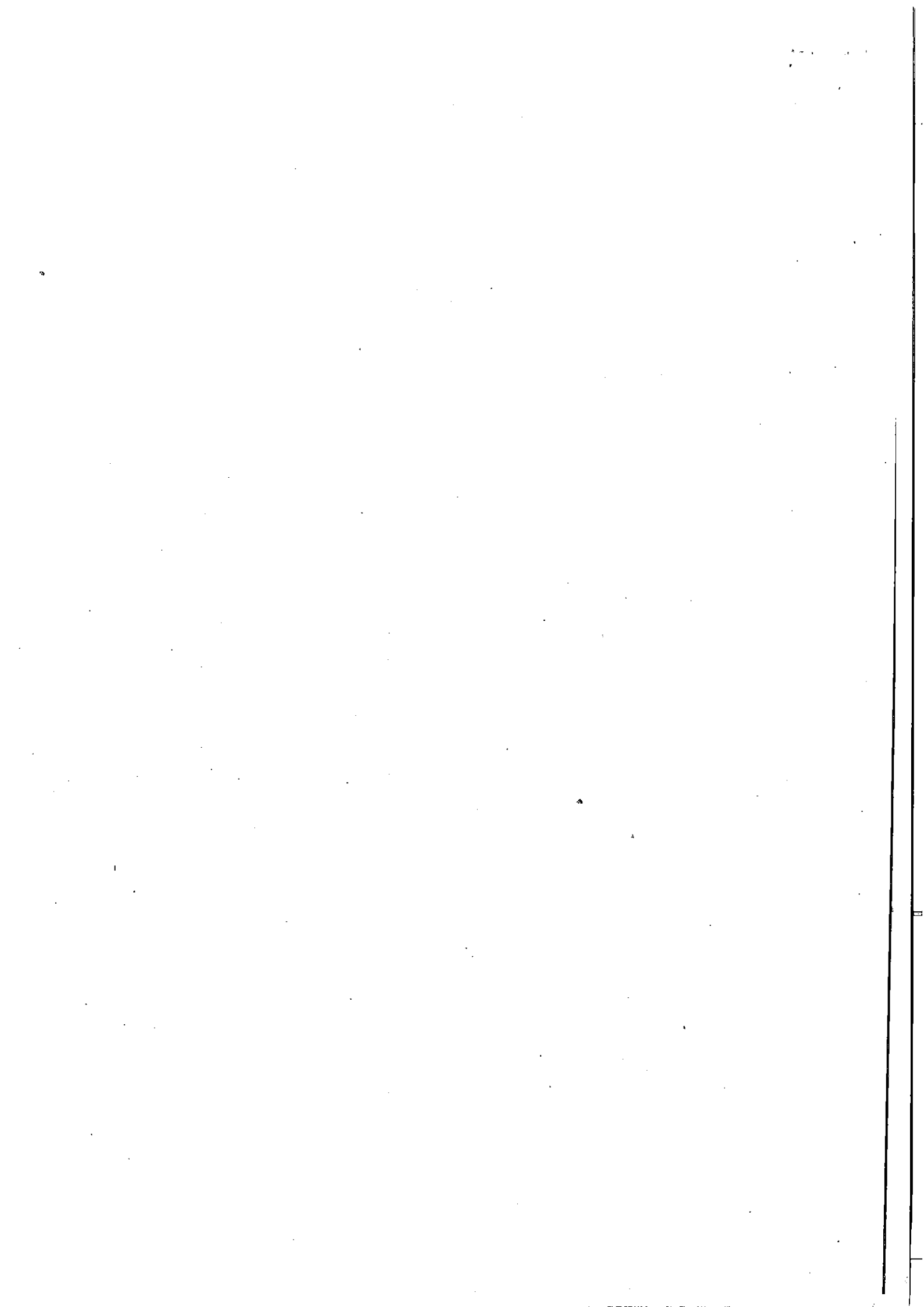
Conditions may apply, see reverse side

Training Use

Holder may practice midwifery subject to the following conditions:

Signature of Holder

Jenny Lee





Midwifery Council
Guardians of professional standards

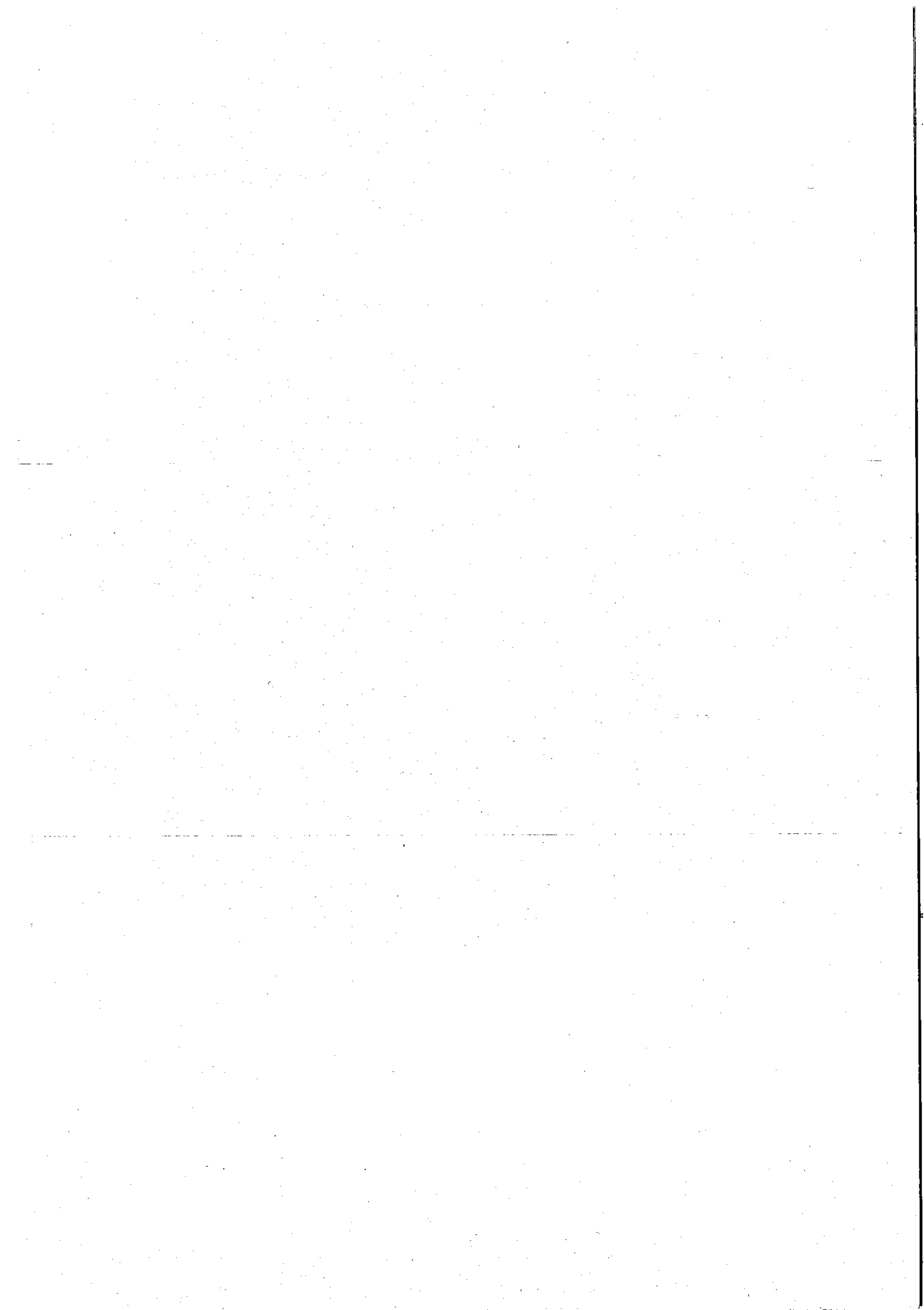
APC Renewal Requirements

APC Details

MCNZ ID:	15-9294
CPN ID:	11BTCS
Current APC Status:	Current
Current APC Expiry Date:	31/3/2019
Next Years APC Status:	Not Applied

Your Renewal Requirements

Requirement	Status	Next Due Date
Maternal Resuscitation	COMPLETED/MET	3/2/2019
Neonatal Resuscitation	COMPLETED/MET	16/3/2019
Midwifery Emergency Skills Refresher (MESR)	COMPLETED/MET	31/8/2019
Midwifery Standards Review	COMPLETED/MET	31/7/2019
Practise Across the Scope (P)	COMPLETED/MET	



MIDWIFERY STANDARDS REVIEW

Certificate of Review

Kevin Jay
has participated in a Midwifery Standards Review.

This is to certify that

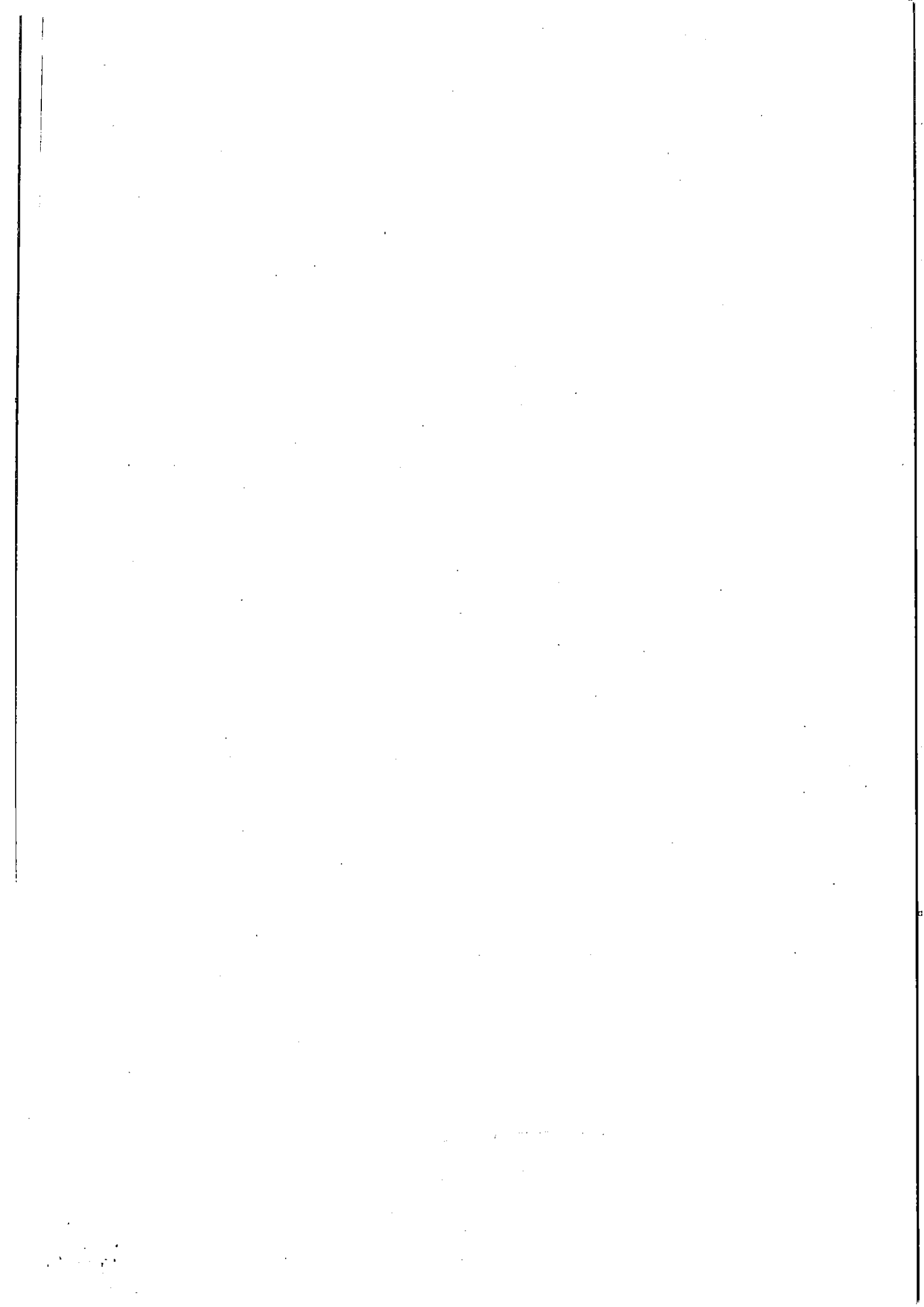
participating in a Midwifery Standards Review is a privilege and a chance to review which gives the opportunity to reflect on the program in relation to the "Standards of Practice" as defined by ANCC/NM (and address identified by Probes (2014)). As part of the process, the student and the Standard Review Panel will have formulated a professional development plan in accordance with the Standards of Midwifery Practice and the requirements of the New Zealand Midwifery Council.

Midwives who participate in a review demonstrate their commitment to professional accountability by having their practice reviewed by regulatory peers and consumers of midwifery services.

Signed Michelle Adams - Chair of Review Panel

Michelle Adams 31-7-2016





Reflection on my Midwifery Practice For QLP Leadership application

Jenny Lee, Registered Midwife

I currently work 0.8fte as a midwife at Christchurch Women's Hospital (CWH), rotating between the birthing suite and the maternity ward (postnatal and antenatal). I completed the Graduate Midwifery Programme at CWH in 2008 and have been working here since then. I enjoy working in a large multidisciplinary team with the doctors, physios, NICU team, etc. and even though the work is busy and complex, I strive to keep my care woman-centred and support each family through their journey to parenthood.

Reflection of a birth attended in June 2018 at CWH

This reflection was presented at my Midwifery Standards Review and demonstrates how I work in line with the ten Standards of Midwifery Practice.

I was assigned to care for Kaye (not her real name) who was in early labour after an induction at 39 weeks for medical history of blood clotting disorders. I reviewed and summarised her notes - she had had multiple previous deep vein thrombosis (DVT) in her legs and arms including one incidence in this pregnancy. She was known to have Factor V Leiden (a genetic disorder that leads to a tendency to form abnormal blood clots). She also had a history of asthma, chronic persistent headaches and depression. She was on regular high doses of Clexane to help thin her blood. She had a raised BMI (33) and smoked 7 cigarettes a day. She had had one previous birth in 2010 which was a forceps with a third degree tear.

With this complicated medical history I considered her to have a low likelihood of an SVB but I was really keen to keep interventions down to a minimal level. When I took over care Kaye had had one Cervidil pessary 24 hours previously and since then had required codeine, morphine, temazepam and entonox for pain relief. I had been directed by the obstetric team to rupture her membranes to continue to augment labour as her cervix had been 3cm on last VE. I did my best to reassure her and her partner and her mother that we would do all we can to make this birth happen with minimal stress for them as they all seemed highly nervous. I listened carefully to their ideas on how this birth might go. I tried really hard to be supportive and reassuring to put them at ease.

I discussed the VE to rupture her membranes, explaining the reason behind it and giving her the option to decline. After the VE and ARM, I explained my findings to Kaye and her partner and mother and documented all my findings in the clinical notes.

I discussed the option for oxytocin augmentation with the obstetric registrar on call. I described how Kaye's cervix was thinning and 4cm dilated and that the contractions were regular and painful. I suggested that we wait at least 2 hours before commencing augmentation and the registrar agreed to this plan. I encouraged Kaye to continue using the Entonox and suggested ways to breathe it more effectively. I encouraged Kaye's mother to rub her back to relieve the pain of contractions. I assisted Kaye's partner to talk her through the contractions when they became more painful. When Kaye asked for more analgesia we discussed options and Kaye decided on a further dose of morphine rather than the epidural that she had requested in her birth plan.

I handed over care to Kaye's LMC and she birthed spontaneously approximately 3 hours after the rupture of membranes. I consider all the ways that an instrumental or caesarean birth were avoided - reassurance and support, avoidance of early oxytocin augmentation, encouraging the use of non-pharmacological pain relief such as massage and breathing techniques, use of opioid analgesia

rather than epidural, calling the LMC to offer continuity of care, etc. We will never know whether Kaye's birth would have ended up more complicated if these techniques had not been employed but it is the responsibility of every midwife at every birth to uphold the physiological process wherever possible.

Code of Conduct, Code of Ethics and Contractual Framework

This reflection demonstrates my knowledge of as a core midwife and my responsibilities to the women I care for. I worked in partnership with Kaye providing her with ongoing information about the induction process while responding to her social, physiological, physical and emotional needs. I attempted to support normal birth by involving the family with non pharmacy pain relief options. When in established labour I informed the Lead Maternity Career (LMC) that Kaye was requiring her care and support.

The DHB is responsible for providing secondary services for women having inductions of labour. I know it is my responsibility to keep the Lead Maternity Career (LMC) updated and then the LMC provides care under Section 88 when she is in labour.

Reflection on a PPH Feb 2018

I was in the maternity ward assisting the busy night staff as the Birthing Suite was quiet. I answered a call for help from one of the midwives. I found a woman having a huge PPH.

I directed one of the midwives to massage the fundus of the uterus and the other to get me Syntometrine and IV equipment.

I gave IM Syntometrine – the House Surgeon arrived and took over controlling the fundus while that midwife went to phone Birthing Suite to tell them we were coming down with this woman.

At this stage I had assumed that the midwives had also phoned for the registrar, but when the House Surgeon appeared I assumed she was unable to come.

I put in a cannula and put up oxytocin 40 IU in Normal Saline 1000. The woman was barely conscious, but I realized that we could not go into the lift to go to Birthing Suite until we had some control of the bleeding.

I had put on oxygen and did a set of observations to assess her physical wellbeing.

I believe I acted extremely quickly. I do not know how I got the cannula in as she was an IV drug user and evidently had no veins.

I did not wait to put the catheter in before taking her downstairs as she had a firm fundus and appeared to have stopped bleeding.

She went straight to theatre for an EUA where a piece of placenta was removed. She had a bakari balloon in place to maintain pressure internally.

Her estimated blood loss was 3000 mls.

I was told afterwards that she thought she was dying.

I was extremely shaken when I realized that she was Hep C positive. I had worn gloves while inserting the IV so felt this was not a concern.

After the woman was safely in theatre I went back up to the ward and debriefed with the ward midwives. They were upset and frustrated by how inept they felt. This year I had been to one of the PROMPT sessions and I know this made a big difference to how I responded and the actions I took. It also helped me support the other staff. We reflected on what went well and areas for improvements. The PROMPT course has debriefing sessions after each scenario and I remembered some of techniques used.

It was noted by none of the midwives that communication could have been improved. A 777 call would have quickly alerted the correct people to the emergency.

A severe secondary post-partum hemorrhage is a rare and frightening event.

I received feedback from the CCO on duty that night who was very impressed with our clinical management on the maternity ward and timely transfer.

Turanga Kaupapa:

The Turanga Kaupapa are important to help midwives to recognise that Maori are Tangata Whenua (the people of the land), and to ensure that we maintain our obligation to the Treaty of Waitangi.

An example of this was when I cared for Leanne (not her real name) on the maternity ward after the birth of her third baby by caesarean section. I checked that she had been offered the support of Kathy, our Maori Health advisor who visits the wards regularly (**Whakapapa, Hau Ora**). I made an effort to pronounce her surname correctly (**Te Reo Maori**), although sometimes I struggle to get this right I think it is important to try. I welcomed her wider family members and support people to the maternity ward as they are important to her health and wellbeing (**Mana, Whanaungatanga**).

Leadership style and Education

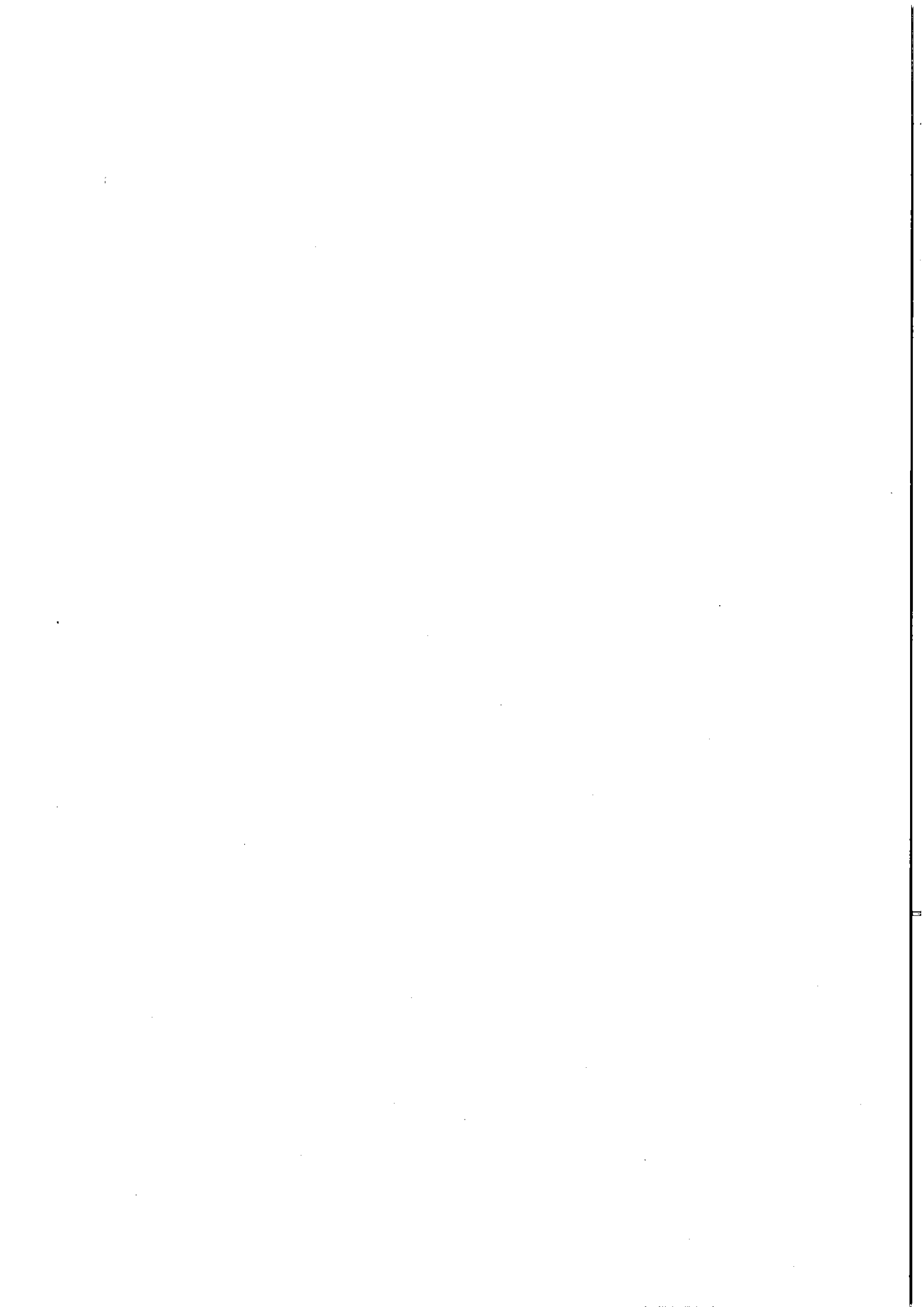
I enjoy being involved in teaching/buddying midwifery students who are doing their tertiary experience at Christchurch Women's Hospital. I attended the preceptorship course in 2012 and continue to use this learning in my work as a preceptor. I consider myself to have a leadership style that is approachable and friendly. I feel that students and new staff are able to engage in learning and am pleased to read the comments in my peer feedback forms which reflect this. I have been collecting feedback from my preceptor role and this is generally positive. I have attended a session run by the Ara lecturers so that I am aware of the changes in the undergraduate programme

I am involved with orientating new midwives to the facility. The orientation guide that midwives use I have noted requires updating. I have been part of the committee involved with these improvements and updates to ensure the orientation package meets the changing needs of midwives and is relevant. This is such a valuable tool for staff to support them at Christchurch Women's Hospital.

I have been a medchart champion assisting staff and LMC with the introduction of electronic prescribing. This is an ongoing professional development activity.

J. Lee

30 July 2018



Jenny Lee Performance Appraisal submitted on 20 July 2018

Role Specific Objectives

1. Remain up to date with new evidence and include this in my practice
2. Join the new staff orientation team and have a more formal role to play in welcoming new midwives and nurses to CWH
3. Apply for QLP Leadership

Organisational Values

Care and Respect: I am welcoming and friendly and help others. My actions positively contribute to our integrated, patient centred health system. I am considerate of others, I stop and listen, and I make every effort to keep myself and others safe and well.

JL – Jenny Lee

I have a friendly relationship with my colleagues. I believe we have a dynamic, friendly and dedicated workforce and I am proud to be part of it. Where stories are shared that need further action I will collaborate and refer appropriately with the person's consent - for example, one graduate midwife reported an incident of bullying last year and I advised her to write down details and asked if I could discuss with the Charge Midwife. I endeavoured to work through the situation so that it would not happen to future graduates or other vulnerable staff.

CM – Coraline Mitchell

You have a warm and friendly personality and are well liked by your colleagues. You always have time to "go the extra mile" to support staff, particularly newer and more vulnerable colleagues. You have developed sound and professional relationships with the LMCs and the obstetric/anaesthetic/neonatal teams.

Responsible for outcomes: I am accountable for the quality and timeliness of outcomes, when working by myself or with others – I get things done and honour my commitments. I regularly review how things are working and take action to deliver results. I use my initiative and judgement, and make sound decisions. I am proud of the quality of the work I do and the contribution I make to the DHB. I help maintain a safe and healthy workplace.

JL – Jenny Lee

I work collaboratively as part of the wider team. I have taken on extra roles such as MedChart champion and preceptor duties. I am keen to take a more formal role in the orientation team as I see this as one of my strengths, to welcome new staff and support them in their first months of practice.

I read widely around many midwifery-related topics to ensure that I am current with research and can share evidence based clinical knowledge.

CM - Coraline Mitchell

We appreciate the extra work that you put in to support staff. You provide a high standard of care, in all areas of your practice and you role model this to others.

Integrity in all we do - I have the courage to do the right thing at all times. I act without bias, I have no hidden agendas. I am honest and truthful and transparent with information. I am accountable for my actions and behave in a way that is a credit to the organisation.

JL – Jenny Lee

I believe in speaking up when things are not right and encourage my colleagues to do the same in their day to day work. However I understand that this requires confidence in certain situations when the culture can be hierarchical and occasionally bullying.

I believe in partnership and therefore strive to share information with colleagues in an open and transparent manner.

I understand that my words and actions can have an impact and therefore I try to consider carefully the way that I phrase information to ensure professionalism within the CDHB and within midwifery.

CM - Coraline Mitchell

You are an approachable person with an open manner which makes you an ideal colleague to work alongside. I appreciated your help recently when you came to me as the ACMM and described a situation where you believed a new member of staff was being bullied into acting in an unsafe manner by a senior member of staff. As a result of your speaking up we were able to talk openly about this incident during the shift and I were able to resolve this promptly and appropriately. You are a credit to the maternity team.

Role Capabilities

Communication vision and sense of purpose - I am able to engage others and inspire commitment to a vision of the future; I inspire and encourage commitment to an agreed objective; I can confidently communicate the vision and values so that my team understands how they can contribute and what is expected; I communicate positively and proactively to maintain momentum; I encourage collaboration across disciplines, projects, teams and/or groups.

JL – Jenny Lee

I am lucky to have a job that I love and as a result I do not find a positive attitude difficult to maintain at work, even when we have really busy shifts. I love working alongside the women and their families to provide safe and effective care, and I strive to role model this partnership to other members of the maternity team.

CM - Coraline Mitchell

You are a kind and compassionate midwife who works collaboratively with all members of the team.

Stimulate innovation and create immediate wins - I foster innovation and creative thinking to solve problems and improve performance; I continuously look for ways to improve processes and practice; I foster and encourage innovation and change; I transform breakthrough thinking and practices into solutions that work; I encourage information sharing and creative collaboration.

JL- Jenny Lee

I embrace new technology, for example the move to medChart. I trained as a champion when it was first introduced 3 years ago and since then I am a "go to" person for this system. More recently, I have also helped some of my colleagues out with Floview.

CM - Coraline Mitchell

We value your technological knowledge and the support that you give to others for MedChart and Floview. You have helped me on many occasions with glitches in the system. You are a patient and forgiving teacher.

Midwifery Council Recertification and CDHB Mandatory Education

Continuing Education – 8 hours per year

16 hours	Joan Donley Research Forum	19 and 20 October 2017
8 hours	Perineal Care and Repair	18 September 2018

Professional Activities - 8 hours per year

40 hours+	Preceptoring of students/new staff (ongoing)
-----------	--

Midwifery Standards Review (MSR) – every 2 to 3 years

Completed 31/7/2016 due 31/7/2019

Emergency Skills Refresher (including adult CPR and Neonatal resus) – 8 hours per year

3 Feb 2018	PROMPT
16 March	NLS (full day)

Baby Friendly Hospital Initiative (BFHI) Breastfeeding Education – 21 hours over 5 years (partially included in Core Competency Day)

2014 – 4 hours at core competency day

2015 – 4 hours at core competency day

2016 - 4 hours at core competency day

1 hour Ukai – maori breastfeeding update

2017 – 4 hours at core competency day

2018 - 2 hours at core competency day 12 April 2018

2 hours online on healthLearn breastfeeding forum

Total – 21 hours

Fire Training – 1 hour every 12 months

At core competency day 12 April 2018

Neonatal Resus - 2 hours annually at Emergency Skills / full day every three years NLS

Family Violence and Child Protection (8 hours once only)

28/3/09

Epidural Competency (2 hours every 3 years)

Completed 9/5/16. Due May 2019

PROMPT (once every 3 years in place of Emergency Skills)

3 Feb 2018

FSEP Full Day or Refresher or Online (8 or 4 hours per year)

21/3/18 Refresher

Development Plan

In discussion with your manager, identify and skills, knowledge or behaviours that need to be further developed to assist you in your current role or planned progression

Development Objectives – what do I want to achieve

I hope to achieve:

1. QLP Leadership
2. A more formalised role on the new staff orientation committee
3. A continuation of my support for staff in adapting to new technology, such as Floview

Activities/Actions – List all activities and/or actions with timeframes that you need to do to achieve your objectives:

1. Submit my evidence for QLP leadership as soon as this appraisal is complete
2. Talk to the orientation midwife about the meetings/planning group
3. Continue with current activities around preceptorship and new technology

General Comment - Midwifery

JL – Jenny Lee

I continue to enjoy my role as a core midwife at CWH and I value the support of my colleagues. I feel that I am constantly developing my skills as a clinician and am ready to move from Confident to Leadership Domain on QLP. I plan to submit my application after this performance appraisal.

CM – Coraline Mitchell

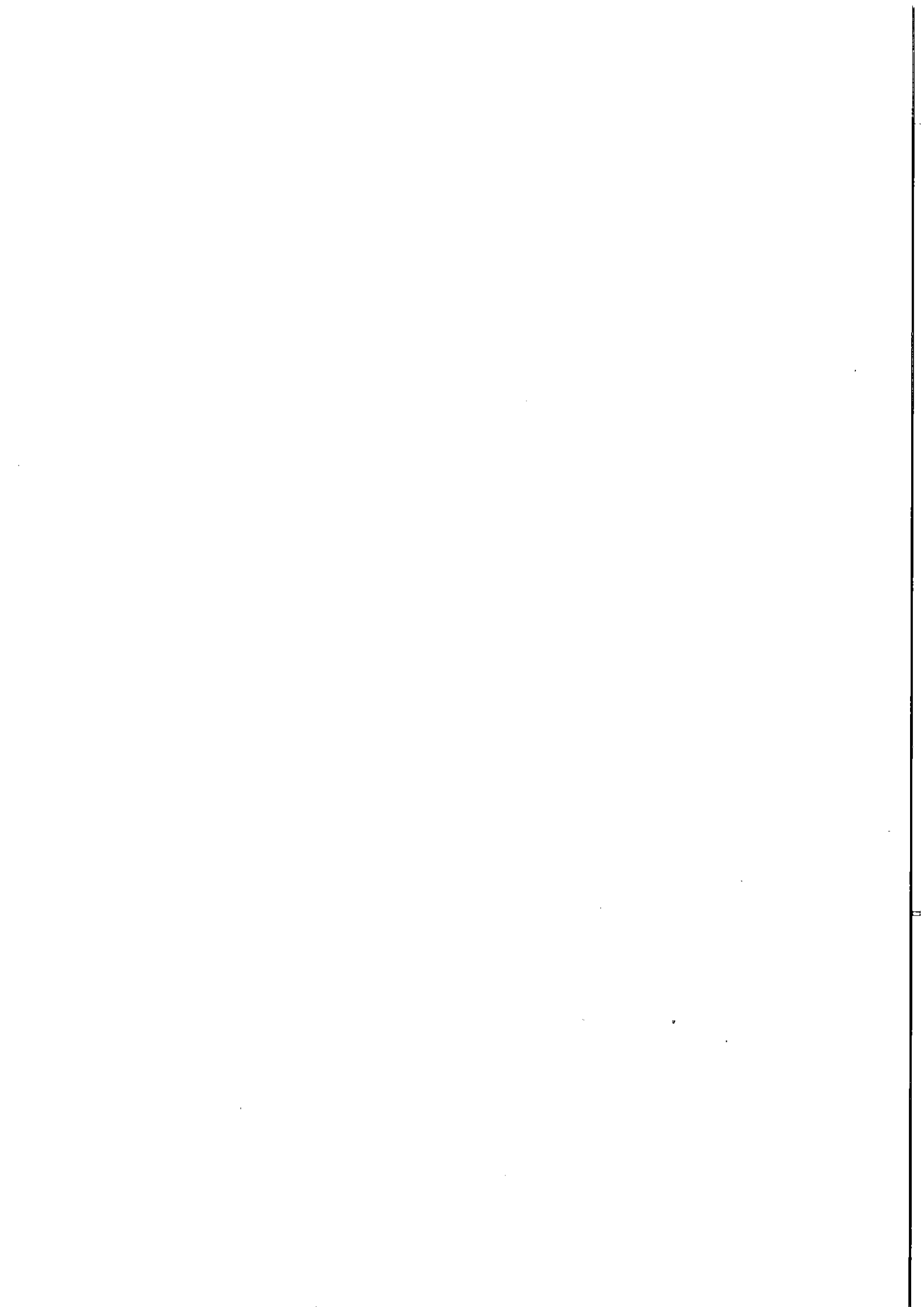
Thank you for taking the time to prepare for this performance appraisal. I have enjoyed reading your reflections on your goals and on the organisational values. You are a pleasure to have on the CWH maternity team.

I support you in your application for QLP leadership

J. Lee, 1/9/18
RM

C. Mitchell

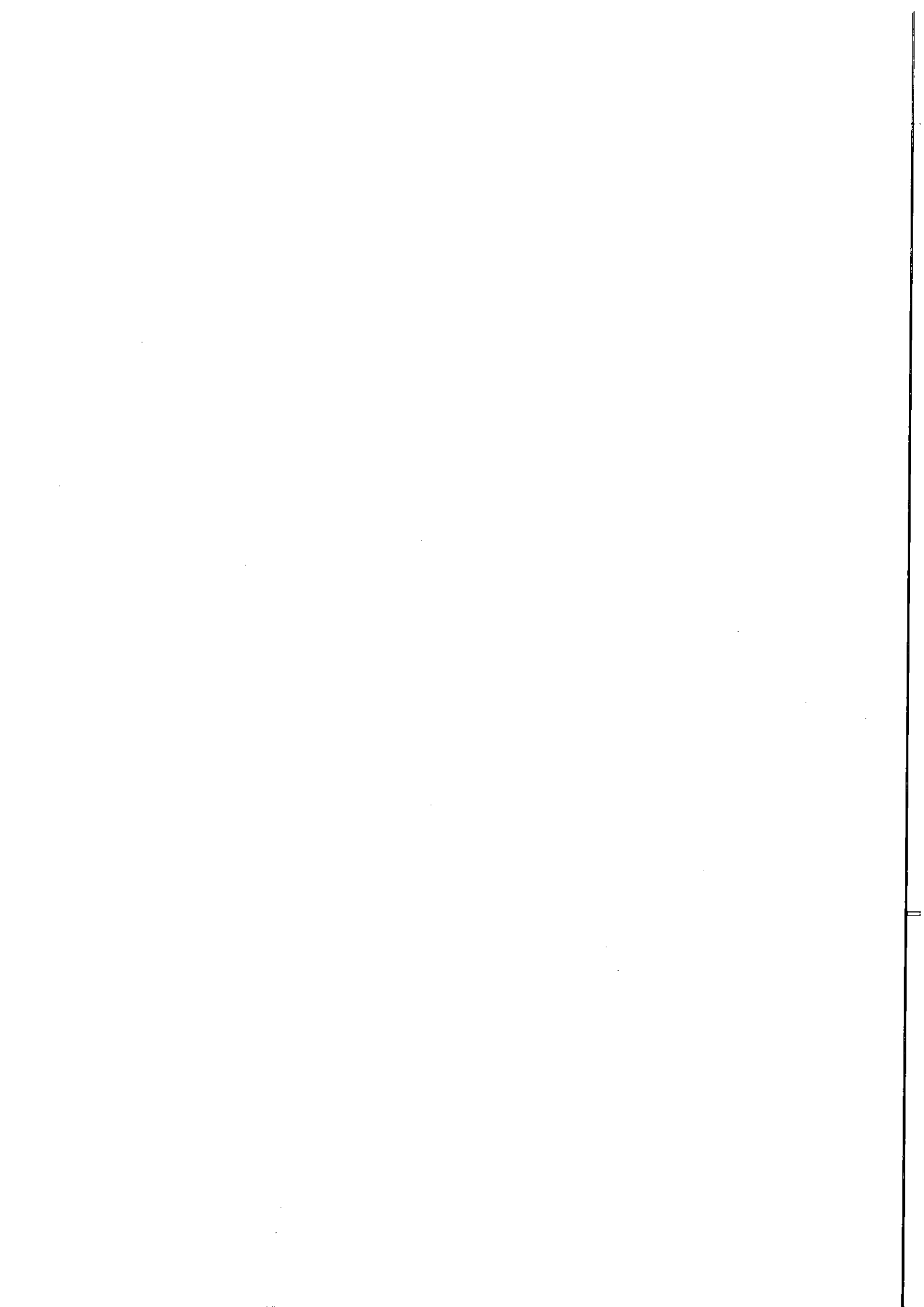
Coraline Mitchell, ACMM, RM
1/9/18



Leadership Domain - Peer review

Name of Midwife Jenny Lee	
Employee Number 3456789	Date 28/8/2018

<p>What aspects of this midwife's clinical practice do you respect or admire?</p> <p>I have worked with Jenny Lee over the last year. I was really impressed how fantastic she is at orientating new staff. I have been a midwife for many years but never worked in a tertiary hospital. Jenny was my preceptor and I learnt so much from her. She enabled me to consolidate all the things I was really worried about – epidurals, assisting in theatre, working in recovery, working in AOU with women on Magnesium.</p> <p>For example she went through the paper work required to admit and discharge women. Who to contact when transferring to a primary unit. This may seem really basic but if you don't know the system it is really stressful and can take you so much longer.</p>
<p>Which of the following leadership qualities are evident in this midwife's practice; knowledgeable, approachable, consistent, calm, flexible and collegial?"</p> <p>Jenny has a sound knowledge base this really helps her provide care which is consistent and research based.</p> <p>Does she reflect any other leadership qualities you would like to mention?</p> <p>I found her leadership style to be collegial. While precepting new staff Jenny is not authoritarian but calm and supportive. She is a team player always supporting others</p>
<p>Can you give an example of how this midwife is a role model and resource for colleagues?</p> <p>Jenny was my preceptor and I felt she was an excellent role model. Despite it being really busy she was well organized and planned her workload always putting the women at the center of her care.</p> <p>She is genuine in her support of new staff. Jenny followed up a couple of months after I started to check how I was going and if I needed any extra support.</p>
<p>Can you give an example of a time when this midwife took a leadership role?</p> <p>Jenny sorted out the pre eclampsia box and tocolysis box with me so I was clear what was in them. This was really beneficial for me.</p>
Reviewer: <input checked="" type="checkbox"/> Core Midwife
Name of Reviewer: Sara Scott Signature: <i>S. Scott</i>



Leadership Domain - Peer review

Name of Midwife Jenny Lee	
Employee Number 3456789	Date 25 July 2018

What aspects of this midwife's clinical practice do you respect or admire?

I'm a new graduate midwife and was feeling very overwhelmed when I started on Birthing Suite. Jenny Lee was my preceptor and I think she does a really good job of this. We had time to go through the orientation package. She supported my learning by negotiating with the CCO what I would do each shift to meet my needs. It was so busy but that didn't deter her from supporting me in what I needed.

Which of the following leadership qualities are evident in this midwife's practice; knowledgeable, approachable, consistent, calm, flexible and collegial?"

Jenny Lee is quiet and unassuming but she gets around the system to really look after the women she is looking after but also the staff she is precepting. She works collegially with everyone and respects everyone's point of view.

Does she reflect any other leadership qualities you would like to mention?

Jenny is confident and passionate about midwifery and this supports her style of leadership.

Can you give an example of how this midwife is a role model and resource for colleagues?

Jenny orientates new staff.

Can you give an example of a time when this midwife took a leadership role?

We were looking after a woman who had a shoulder dystocia. Jenny was backing me up but during the emergency provided really concise communication to the incoming team of midwives and doctors who had come to assist with emergency.

The doctors did not take over and Jenny was advising me what to do next. We tried McRoberts, then superpubic pressure over where we believed the shoulder to be and lastly we were able to get the posterior arm.

As a new midwife I was overwhelmed but Jenny provided text book midwifery skills to deal with the emergency and her communication skills to lead the scenario kept everyone aware of what was going on.

Afterwards she debriefed with me but what I was really impressed with she took time to explain exactly what had happened to the mother and the poor shocked father.

Baby went to neonatal as he was really stunned at birth. Resuscitation was required and baby needed ongoing CPAP.

Lastly we completed the documentation which Jenny was very good at it. It was clear and concise so that anyone reading it could get an accurate picture of what had happened.

I learnt so much this day thanks to Jenny.

Reviewer: Core Midwife on the new graduate program

Name of Reviewer: Kate Good

Signature:



Leadership Domain - Peer review

Name of Midwife Jenny Lee	
Employee Number 3456789	Date 21/7/2018

What aspects of this midwife's clinical practice do you respect or admire?

Jenny is a lovely midwife or is quickly able to gain a rapport with women. This occurred recently when I had a women with pre-eclampsia. I was impressed with her communication skills with family. They were really anxious and tearful. Jenny Lee was calm and provided them with all the information about pre-eclampsia and what was likely to happen. There were no big dramas and taking over.

Which of the following leadership qualities are evident in this midwife's practice; knowledgeable, approachable, consistent, calm, flexible and collegial?"

Jenny is a very approachable midwife. In fact as an LMC I am always reassured when she is on shift. I would always seek her out for advice and support when I have concerns.

Does she reflect any other leadership qualities you would like to mention?

The leadership qualities that Jenny Lee has is she is non judgemental. She has the ability to watch and listen. She is a real asset on Birthing suite with her calm approach. She is really reliable and consistent which is so needed there.

Can you give an example of how this midwife is a role model and resource for colleagues?

I know Jenny preceptors new staff and students. She is such a good role model as she leads by example. Her midwifery care is woman centered and she respects her other colleagues both in the hospital and in the community.

Can you give an example of a time when this midwife took a leadership role?

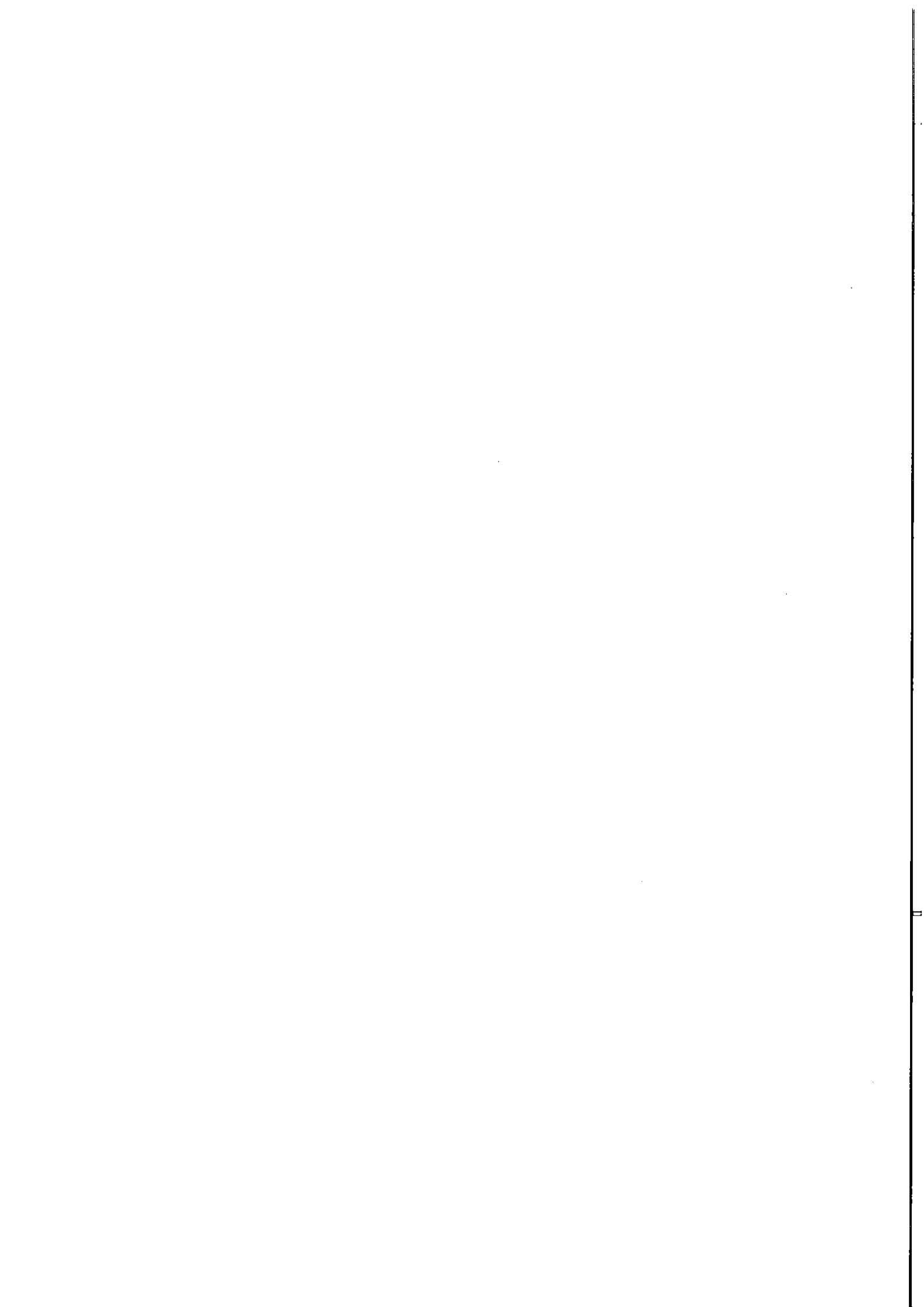
I had a woman who was admitted with pre-eclampsia. Jenny lee was sent in to help me and she was great. She just quietly confidently got all the emergency equipment ready and prepared the Magnesium infusion. As I said earlier she was calm and able to offer support and advice to the family. She took time to listen to their fears which was so appreciated.

Reviewer: LMC Midwife

Name of Reviewer: Georgia Freeman


Signature:

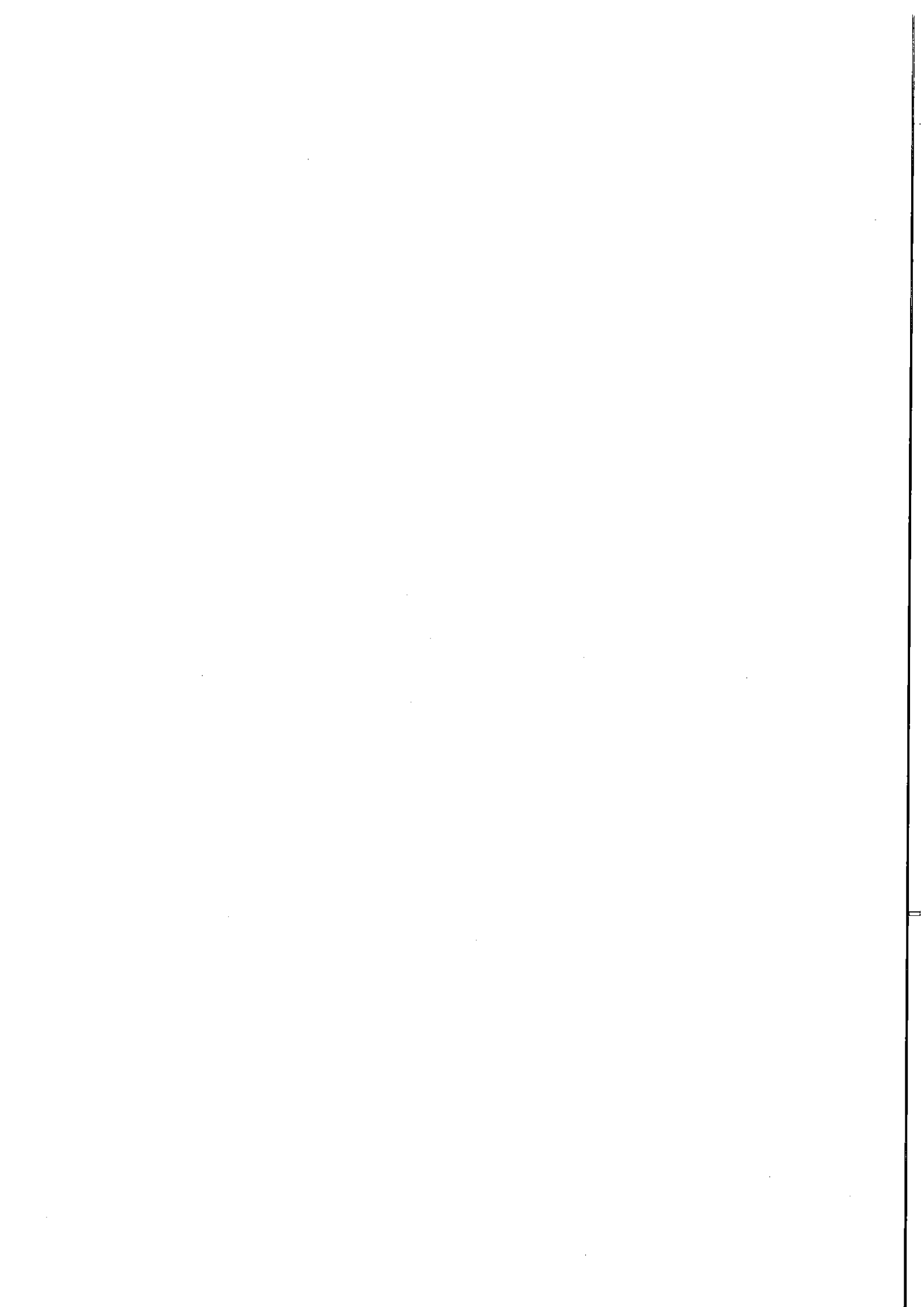




Leadership Domain – Quality or Leadership Activity Report

Name of Midwife Jenny Lee	
Employee Number 3456789	Date September 2018

Name of leadership activity/role Preceptor for students and new staff
Activities undertaken in previous 12 months I regularly work with students, graduate midwives and new staff in the clinical areas and enjoy the preceptor role. I have included some feedback from students in my portfolio and it is all very positive. I attended the preceptorship course in 2012 and continue to use this learning in my work as a preceptor.
Outcomes/Implications for practice: Students and new staff need orientation to the clinical areas and assistance with our CDHB documentation and policies. I have an approachable and friendly manner so I feel that students and new staff are able to engage in learning. I keep up to date with all the new policies and work changes and share these with new colleagues.
Plans for next 12 months I would like to become part of the team that run the non-clinical orientation days for new staff. I will continue to let the CCO know on each shift that I am keen to take students I will attend the regular sessions run by the Ara lecturers so that I am aware of the undergraduate programme changes.
Assistance/resources needed I will need my manager's support to be released to the resource person for new staff.
Date Discussed and Reviewed with manger At staff appraisal Sept 2018
Managers Signature  1/9/18



Leadership Domain – Quality or Leadership Activity Report

Name of Midwife Jenny Lee	
Employee Number 3456789	Date September 2018

<p>Name of leadership activity/role</p> <p>Med chart champion.</p>
<p>Activities undertaken in previous 12 months</p> <p>Support core staff and LMC's with prescribing and administrating on Med Chart</p>
<p>Outcomes/Implications for practice:</p> <p>Med chart is the new electronic way to prescribe and administer medications.</p> <p>Ensure medications are prescribed correctly and then administered according to CDHB best practice. ie right women, right drug, right dose, right time, right route.</p> <p>It is vital that the same precautions are taken when administrating medications from medchart.</p>
<p>Plans for next 12 months</p> <p>Ongoing education to support staff</p> <p>Trouble shooting problems and improving the system</p>
<p>Assistance/resources needed</p> <p>Ensuring all users have logins was an initial problem</p> <p>Education has been huge and ongoing. Some staff and LMC are not very computer literate so even though they have had the education if they are not using the systems frequently they have issues.</p> <p>Improving the lists for Quick user medications and frequently used medications.</p> <p>Review the use of I pads. Staff are having ongoing problems with charging them and them working at the bedside. Discuss with IT</p>
<p>Date discussed and reviewed with manager</p> <p>At staff appraisal Sept 2018</p>
<p>Manager signature ACMM on Birthing Suite</p> <p><i>C Mitchell</i> 1/9/18</p>

