An example of an application for:

QLP Confident Midwife

Contents:

1. Application form
2. Assessment form
3. Photocopy of APC (front and back)
4. Photocopy of current MSR certificate
5. A reflection on current midwifery practice
6. Performance appraisal (within last 12 months)

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

November 2017

Appendix 2 - Application for Domain Progression

Application for Domain Progression

Name of Midwife Jenny Lee	Employee Number 3456789
Domain applied for: ✓ Confident Domain ○ Leadership Domain	

Midwife declaration

✓ I would like to present my portfolio progression for the above domain. I have discussed my plans to apply with my line manager.

✓ I confirm that the work contained in my portfolio is my own, and based on my current practice as a midwife.

✓ I understand my portfolio may be audited for purposes of authentication, and may be submitted for internal or external moderation.

✓ I understand that if there are any concerns about aspects of my portfolio, these will be discussed with me.

Signed: J. Lee ______________ Date: ______________

Portfolio received

Signature of Assessor: ______________ Date: ______________

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.

For Assessor/ Manager use only

Portfolio meets the criteria for: ○ Confident practitioner ○ 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)

Manager directions to start or increase Domain payments

QLP Assessment form - Confident 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
Has completed a Midwifery Standards Review in the past two/three years and holds an Annual Practising Certificate with no conditions	MSR certificate Holds current APC without conditions **(Interim APC does not meet requirement)**	✓	
Meets the requirements of the position description	Satisfactory performance appraisal/review *(in last 12 months)*	✓	
Practises 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 *(not more than 1 year old)*	✓	
Has consolidated their midwifery knowledge and skills over a minimum period of 12 months.	Satisfactory performance appraisal/review *(in last 12 months)* and evidence from professional portfolio	✓	
Is confident in handling complex clinical situations	Satisfactory performance appraisal/review (in last 12 months) or Midwifery Standards Review - Feedback from LMCs *(not more than 1 year old)*	✓	
Demonstrates confidence in midwifery practice within current role	Satisfactory performance appraisal/review *(in last 12 months)* and evidence from professional portfolio	✓	

Issued to:
Jenny Lee
under s 26(3) Health Practitioners Competence Assurance Act 2003
Registration No: Common Person No:
Scope of Practice: Midwife
Expiry Date: 31/03/2018
Details of the scope may be viewed at www.midwiferycouncil.health.nz
Status: Annual, 2017 2018
midwifery council of new zealand
PRACTISING CERTIFICATE
Conditions may apply, see reverse side

Training Use Only

Holder may practice midwifery subject to the following conditions:

SIGNATURE OF HOLDER
J. Lee

MIDWIFERY STANDARDS REVIEW

Certificate of Review

Training use only

This is to certify that

Jenny Lee

has participated in a Midwifery Standards Review.

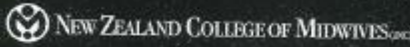
By participating in a Midwifery Standards Review the midwife is involved in a supportive and educative process which gives her the opportunity to reflect on her practice in relation to the "Standards of Practice" as defined by NZCOM (Inc) Midwives Handbook for Practice (2008). As part of this process, the midwife and the Standards 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 midwifery peers and consumers of midwifery services.

Signed: M. Wins-Williams [signature]

J. Lee — Midwife

29 September 2017 — Date



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Reflection on my Midwifery Practice

For QLP application September 2017

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 2013 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-centered and support each family through their journey to parenthood.

Reflection of a birth attended in June 2017 at CWH

This reflection was presented at my Midwifery Standards Review in September 2017 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 to 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.

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**).

My professional activities

I regularly work with students, graduate midwives and new staff in the clinical areas and enjoy the preceptor role. I attended the preceptorship course in 2015 and continue to use this learning in my work as a preceptor. I consider myself to have an approachable and friendly manner so I feel that students and new staff are able to engage in learning. 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

J. Lee

30 September 2017

Performance appraisal for Jenny Lee

Here Jenny would include her most recent performance appraisal, ensuring that it was:

- Completed in the last 12 Months
- Dated and signed by line manager or person doing the appraisal.