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(Version 2)

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1. **Introduction**

Clinical learning and practice are essential components in the Fellowship Programme. Active learning fosters greater understanding, more advanced reasoning, and decision making. Learning in the clinical environment has much strength when it is focused on real problems in the context of management practice. Fellowship candidates are motivated by its relevance through active participation. In the process of learning, mentors demonstrate the role modeling to motivate and facilitate learners through active participation. Professional thinking, behaviour and attitudes are demonstrated by the mentors. Indeed, skills of management such as professional thinking, behavior and attitude can be shared and learnt as an integrated whole in the clinical learning environment.

A proficient management leader is an ever changing person with personal growth in knowledge and skills. As fellowship candidates progress into the clinical environment, it is crucial that the learners require to learn by presence, observation, asking questions and reflection. They are motivated to practice through mentors and others. It is anticipated that they will embrace the expertise learning and sharing in their professional development.

1. **Purpose of the Programme**

In time of the shortage of health care workfoce, escalating of health care costs, insufficient access to care services, advanced technology, governance regulation related quality, safety and risk management, and the emerging of pandemic infections, this Fellowship Programme is specially aimed to equip nurse leaders who can make strategic decisions to meet all aspects of management and global challenges.

This mentoring programme is designed to facilitate the learner towards the objectives achievement. The core competencies are defined by the College based on the learning objectives related to 7 domains. The Hong Kong College of Nursing and Health Care Management (HKCNHCM) and designated mentors assist candidate in defining the learning objectives and implementing achievable goals.

Each candidate should be able to achieve the core competencies set by the College according to the following 7 domains.

* Domain 1: To provide nursing leadership in managing clients with complex health condition.
* Domain 2: To enhance therapeutic nurse-client relationship.
* Domain 3: To perform effective leadership in teamwork building.
* Domain 4: To lead quality management and improvement.
* Domain 5: To implement best practice in managing, and negotiating an innovative and strategic approaches to care delivery.
* Domain 6: To enhance the development of professional attributes of general and advanced practice.
* Domain 7: To embrace personal attributes in commitment and responsibility in learning.

The fellowship candidate is required to learn and apply the domain learning objectives and practice by ongoing reflective approach strategically, tactically and operationally. This learning focuses to solve the problem efficiently and effectively. Skills competencies are recorded by confirming the attendance in observation, briefing talks, return demonstration, and assignments on reflective journal and evaluation feedback. The logbook documentation should be appraised by the mentor regularly. Learners should ensure the learning objectives and activities included in the logbook is updated and signed. Candidate is encouraged to formulate learning goals, develop plans and reflective actions in documentation. When the learning requirements are fulfilled, the candidate is requested to sign the declaration.

1. **Purpose of the Manual**

This manual was developed to provide mentors with an overview of the mentoring of fellow candidates. Particularly, this is to guide mentors in enhancing and consolidating the mentorship relationship through experience learning and sharing.

1. **Clinical Experience of Ordinary and Fellowship Candidates**

The candidates are required to fulfill the following hours of guided clinical learning and accomplish it within a required time frame.

1. **To obtain Ordinary Members:**

* Complete 250 hours of initial guided clinical practice at any clinical practice site recognized by the related Academy College; AND
* Achieve an accumulated 4 years of experience working in the specialty in recent 6 years.

Guided clinical practice includes:

1. Experiential learning with mentor guidance at local clinical specialty departments; OR
2. Practicum at work/non-workplaces with mentors from local clinical specialty departments under university/tertiary institution programs
3. **To obtain Fellowship Members:**

* Complete additional 250 hours of final guided clinical practice; AND
* Achieve an accumulated 5 years of experience working in the specialty in recent 7 years.

The 500 clinical hours should be accomplished within a 4 years’ time span. The guided clinical practice refers the experience in which there is an on-site designated appointed mentor who is an active Fellowship member of HKCNHCM. When situation arises that no HKCNHCM fellowship member is available on-site, supervisor / mentor in the local clinical specialty department recognized by the College, with an off-site mentor appointed by the E&PDC to facilitate the mentees’ clinical learning would be counted. The experience is recognized as a learning component with explicit learning objectives and evidence of learning assessed by a recognized supervisor / mentor.

1. **Reflection Approach**

Action learning is recommended as a reflective approach in solving real clinical situations or management problems. They involve managing interventions along with reflecting upon the outcomes for improvement. This learning approach highlights and helps improve the problem-solving process. The mentor will promote and facilitate this learning by ways of role modeling. As a result, learners acquire self-knowledge and attain to an active, conscious and critical learner.

Full records should be kept for the reflective learning (please refer to **Appendix 1 - Clinical Logbook** for details).

1. **Reflective Writing**

Reflective writing is an activity that includes description (what, when, who) and analysis (how, why what if). It is a personal response to experience, situations, events or new information where thinking and learning take place. A process of reviewing on experience of practice in order to describe, analyze, evaluate and so inform learning about practice (Reid, 1995).

Reflective writing is a learning process which the learners employ to reflect their experience 'reflect forward' to the future as well as 'reflect back' on the past. Action learning serves to add vitality and authenticity to learning experience by problem solving. Learners are required to submit reflective writings to keep evidence which contains reflective thinking on issue or experience, and an exploration or critical analysis or explanation of events.

1. **Learning Activities**

Fellowship candidate’s learning involves a variety of different encounters. He/she can equip his/her competencies though different learning activities, such as:

1. Management experience in different situations.
2. Case Note Review (CNR) is a review of case notes relating to a particular condition and its management.
3. Case Based Discussion (CBD) is a discussion using a subordinate or a group as an example of a particular condition.
4. Case Report (CR) is a work-based report emphasizing one or more aspects of the situational experience which includes assessment and diagnosis, investigation, management and evaluation. There are other aspects such as a complex communication, legal issues or ethical dilemma.

Fellowship candidate are encouraged to write up action learning reports in the format of CNRs, CBDs and CRs. The action learning is facilitated by the reflective thinking and learning. Each core competency report is limited to 300-400 words and is required to write on each of total 7 domains (attachement in Appendix A, clinical logbook). Mentor is required to provide feedback on the action learning reports. At the end of mentoring period, mentor will sign on the Clinical Logbook to verify the fellowship candidate’s learning activities.

1. **Documentation of Clinical Experience**

Fellowship candidates should also prepare their own records to demonstrate the fulfillment of the required core competencies. Entries to the Clinical Logbook should enlist actual work done by the learners and prepared with relevant documentation such as reports, presentations, board/ committee papers, memos, and circulars. The copies of documents should be filed in the appropriate core competency section of personal Clinical Logbook. Learners are also required to complete logbook documents / writing to demonstrate their reflections on learning, improvement and development related to the core competencies / domains.

Learners are cordially invited to review and refine with clinical supervisors/ mentors from time to time for reporting and updating the study processes. They will learn the understanding and meaning of quality management through observing, reviewing, evaluation feedback and advices. This ongoing learning reports are necessities for the Clinical Logbook and final report.

Besides, Fellowship candidates will see other aspects of clinical related management practice comprising team functioning, conflict, stress and coping management, relationship, interaction, resources, technology, economy, finance, fiscal, risks and disasters issues.

The core competency assessment is a cumulative exercise over the entire mentoring period. The final assessment of fellowship candidates will examine on their achievement on core competencies documented on individual Clinical Logbook and reflection reports.

In sum, the mentoring relationships will progress and change, and be connected. The reflective strategy should focus from routinely doing to a development of an ability to look critically at practice by raising consciousness, and perspective transformation. Framing and reframing to know what learners have learned are critical as this transitioning takes time. The transitioning involves:

* Evaluating the process.
* Providing positive feedback on learner’s accomplishments.
* Acknowledging the learning.
* Discussing the future options or improvements.

1. **Mentorship at the Clinical Learning**

Mentoring is an essential leadership skill. Besides managing and motivating people, mentors help learners learn, grow and become more confident in professional development. Mentoring is a core component in transferring knowledge between individuals and within organizations. It offers the nurturing of relationships within a supportive organizational culture. The focus of mentoring is the ability to create awareness and understanding on interaction, communication, in particular, education on personal and ethical responsibility and accountabilty. This supportive management leadership can be experienced and shared in a learning culture clinically.

1. **Mentor**

Mentor are trustful, open-minded and committed knowledgable couselor. They are able to recognize and manage emotions in themselves and others. They guide the clinical learning of the learners and help them explore the growth on the management competencies. To achieve quality mentorship, mentors are the Fellow members of the HKCNHCM or mentors who has worked at a local clinical specialty departments under university/tertiary institution programs. They are recruited through invitation. Qualified Fellow members will be appointed as mentor and will be invited to renew their commitment to the program in each year. Mentors are assigned to each fellowship candidate according to the location of the training site or related clinical specialties.

Mentors should have learning experience on clinical teaching/mentorship/perceptorship. HKCNHCM will regularly provide mentorship training program to enhance the clinical teaching skills and knowledge of the Fellow members.

1. **Criteria of Being a Mentor**
2. Active fellowship members of HKCNHCM; or
3. If no fellowship member is available on-site, a doctor or mentor from local clinical specialty departments under university / tertiary institution programs with an off-site mentor appointed by the E&PDC
4. Engage actively in practice of nursing and/or health care management;
5. Able to lead a mentorship programme;
6. Neither be a mentee nor a mentor of more than 2 specialties
7. **Roles of Mentor**

Mentors should initiate to guide the learning relationship through following activities. They will practice the action learning in the following steps:

1. Set goals;
2. Identify strategies to meet goals;
3. Measure progress of planning and actions;
4. Communicate discssions and actions;
5. Explore options or alternatives, and improvements;
6. Make choices and decisions.
7. **Responsibilities of Fellowship Candidates and Mentors**
8. **Responsibilities of Fellowship Candidates :**
9. Responsible to make the first contact with his/her mentor.
10. Take the initiatives in identifying and meeting learning needs.
11. Capable to ask for help or advice and to tackle challenging clinical management situations.
12. Seek guidance and support from mentor whenever necessary and decide upon the amount of help and guidance he/she needs.
13. Utilize available resources to increase knowledge base.
14. Able to reflect on the new learning, insights in the professional development by demonstrating actions with compliance and commitments.
15. Should keep every record of the learning activities or experience on the issued logbook, and can be summarized in the format such as Case Note Review (CNR), or Case Based Discussion (CBD) or Case Report (CR)
16. Capable to demonstrate the solving real clinical situations or management problems by action learning process.
17. Evaluate effectiveness of clinical learning and provide feedback or sharing to mentor.
18. Should be responsible for keeping accurate and timely record on a regular basis.
19. Should keep data privacy on all documentations, patients are respected for confidentiality, and no patient’s identifiers are found in the logbook.
20. Able to discuss personal responses to experience where reflective thinking and learning take place with documentation in the Clinical Logbook with mentor at regular intervals. The reflective writing and record must be signed by the mentor.
21. **Responsibilities of Mentors:**

1. Are responsible to guide the fellowship candidate to prepare the fellowship program.
2. Facilitate learners to participate in managing hospital or department project.
3. Help identify problems and guide learners towards solutions.
4. Provide guidance based on learners’ experience. Guidance should lead directly from the stated concerns of them.
5. Set goals and plans to meet learning needs.
6. Is capable to help in developing reflective writing and presentation skills.
7. Facilitate to map the learning opportunities with competencies framework.
8. Lead and empower learners through problem solving processes. Work through problems with them.
9. Assist learners to identify opportunities to develop the leadership abilities and leading the team.
10. Provide feedback on the action learning process and report.
11. Meet regularly with learners and provide evaluation feedback on learning.
12. Facilitate to complete the Clinical Logbook.
13. Verify and sign the Clinical Logbook.
14. Should neither be a mentee nor a mentor of more than 2 specialties at the same time.
15. **Mentoring Process**

Mentoring relationship progress through four predictable stages: *Preparing, Managing the connection, Reflecting and Transitioning*. These stages are building on each other to form a developmental sequence. The development of each stage may vary in length, and is often affected by the relationship, interaction and progress of each.

Awareness of the stages is a key factor in successful mentoring relationships. When they are taken for granted or skipped over, they can have a negative impact on the relationship. Therefore, improve the awareness of the stages can provide significant alerts and directions in the mentoring process.

1. **Preparing**

Mentors and fellowship candidates should reflect on their motivations and goals for the mentoring relationship.

1. Mentors are assigned appropriately to each fellowship candidate.
2. HKCNHCM informs mentor on the appointement and assignment by emailing along with briefing and contact information.
3. Fellowship candidate is responsible for approaching the mentor initially.
4. Mentor and fellowship candidate begin communicating by expressing expectations and goals on a well-structured and agreed schedule of meetings.
5. **Managing the Connection**

The mentor’s communication enhance the mentoring relationship. The mentor should demonstrate the kindness, gentleness, and helpfulness in all connections.

1. Determine the kind of support that is needed by the fellowship candidate.
2. Set goals and expected outcomes with learners.
3. Decide with learners to plan the steps of meeting the fellowship candidate’s goals.
4. Practise effective communication skills as the followings:

* **Paraphrase and Restate**: help clarify what have been understanding or listening.
* **Summarize**: reinforce what has been revealed and allow verification of understanding of the discussion that took place.
* **Be an Active Listener**: focused the attention on the fellowship candidate.
* Listen for learner’s concerns.
* Provide responses that enable learner to explore options.
* Keep discussions focused.
* **Ask Open-Ended Question,** such as:
* How can I best help you as a mentor?
* What is your plan to achieve the implementation of the new policies ?
* What has you been your new learning, new insight and new knowing?
* **Be a Positive Role Model**: provide learners with ethically-based response, and keep the suggestions focused to help them make strategic decisions.

1. **Reflecting**

Relationships proceed with consistent communication. The mentor and fellowship candidate should meet regularly to reflect on the learning progress and process to ensure the learning goals are being met. The initial goals and agreements should be adjustable, reevaluated and adjustments are required to meet the clinical needs, if necessary.

1. **Using the Reflective Learning Model**

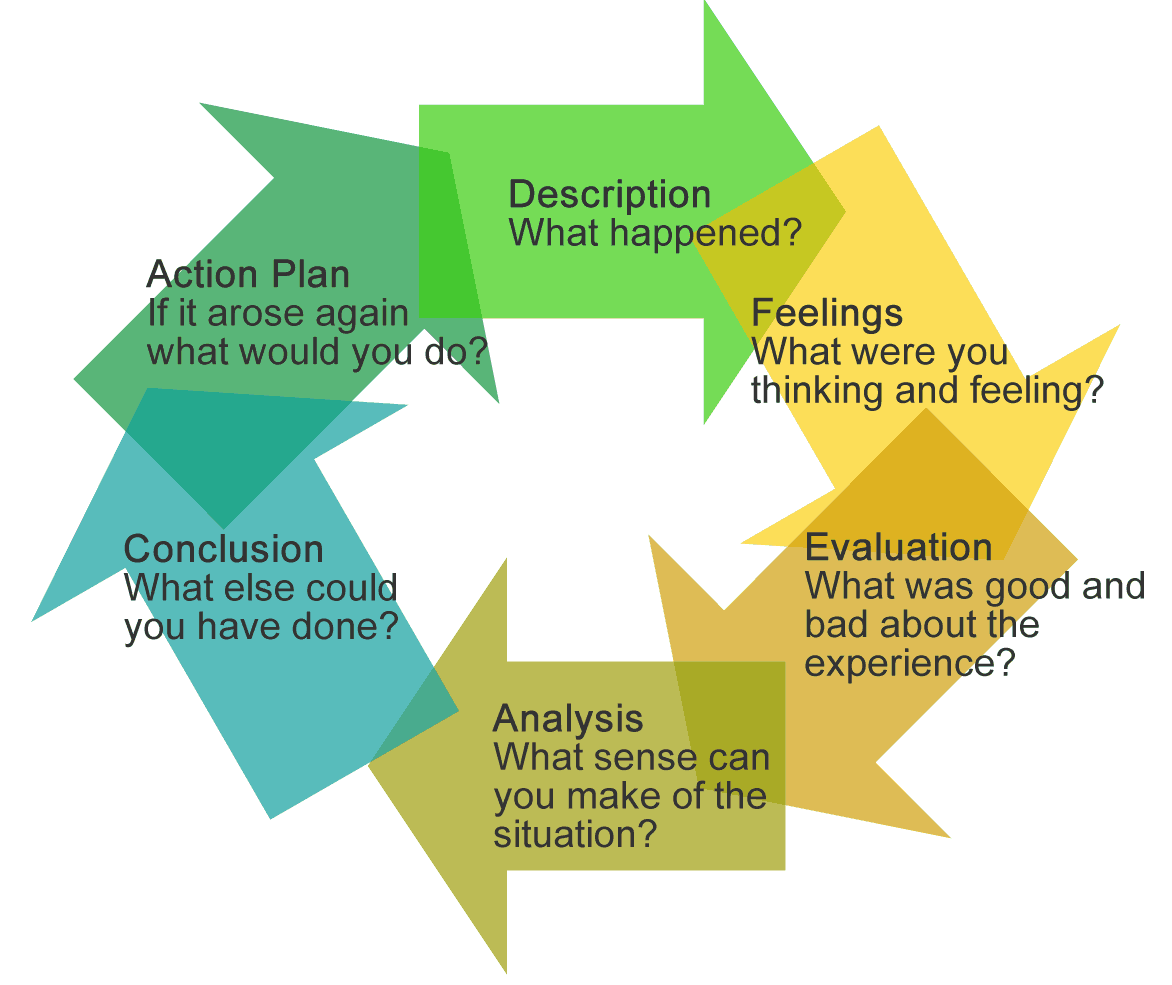
Dewey (1933) viewed reflection or reflective thinking as experiential learning technique and is seen as problem solving. Reflective thinking generally addresses practical problems, allowing for doubt and perplexity before possible solution are reached (Hatton and Smith, 1995). Learners are guided to explore the concept of reflection and its application within the framework that facilitates critical levels of reflection. Mentors engage in learning with the reflective thinking and be prepared to yield new perspectives and insights.

1. **Reflective Learning Steps:**

* Identify a real clinical situation/management problem/ description
* Devise a plan and team
* Apply reflective discussion and learning
* Explore discussion into actions
* Commit reflective learning/ improvement goals in problem solving approach.

1. **Reflective Learning Process**

A reflective learning process is to review on experience of practice in order to describe, analyze, evaluate and so inform learning about achieved practice improvement. A model of Gibbs Reflective Cycle is shown below:



**Gibbs Reflective Cycle**

1. **Transitioning**

The mentoring relationships will progress and change, and be conncected. The reflective strategy should focus on an ability to look critically at practice by raising consciousness, and perspective transformation. Framing and reframing to know what you have learned, this transitioning takes time. The transitioning involves:

* Evaluating the process.
* Providing positive feedback on learner’s accomplishments.
* Acknowledging the learning.
* Discussing the future options or improvements.

**Appendix 1 – Clinical Logbook Template**



**Nursing and Health Care Management Fellowship Programme**

**Clinical Logbook**

**Cover Page**

|  |  |  |
| --- | --- | --- |
| **Name of Candidates** | : |  |
| **Position & Workplace** | : |  |
| **Intake Year** | : |  |
| **Candidate No.** | : |  |
| **Mentor** | : |  |
| **Training Site** | : |  |

**Nursing and Health Care Management Fellowship Programme - Clinical Logbook**

**Reflective Learning Report on 7 Domains**

**Domain 1: To provide nursing leadership in managing clients with complex health condition.**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Learning Experience/ Problem Identification** | **Intervention Skills/ Plans /Strategies** | **Enabling Outcome** | | | **Reflective Context** | | |
| **CNR** | **CBD** | **CR** | **Opportunities/**  **Challenges** | **Achieved** | **Improvement** |
| **Managing complex case individually** |  |  |  |  |  |  |  |
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| **Reflective Learning:** | | | | | | | |
| **Feedback / Evaluation:** | | | | | | | |

**Domain 2: To enhance therapeutic nurse-client relationship**

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| **Learning Experience/ Problem Identification** | **Intervention Skills/ Plans /Strategies** | **Enabling Outcome** | | | **Reflective Context** | | |
| **CNR** | **CBD** | **CR** | **Opportunities/**  **Challenges** | **Achieved** | **Improvement** |
| **Lead health promotion program** |  |  |  |  |  |  |  |
| **Provide Patient education on \_\_\_\_\_** |  |  |  |  |  |  |  |
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| **Reflective Learning:** | | | | | | | |
| **Feedback / Evaluation:** | | | | | | | |

**Domain 3:** **To perform effective leadership in teamwork building**

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| **Learning Experience/ Problem Identification** | **Intervention Skills/ Plans /Strategies** | **Enabling Outcome** | | | **Reflective Context** | | |
| **CNR** | **CBD** | **CR** | **Opportunities/**  **Challenges** | **Achieved** | **Improvement** |
| **Operational Management**  *Staff supervision* |  |  |  |  |  |  |  |
| *Manpower planning & skills mixed matching* |  |  |  |  |  |  |  |
| *Bed & Overflow management* |  |  |  |  |  |  |  |
| *Preparation of equipment and supplies for unit/ department* |  |  |  |  |  |  |  |
| **Equipment Management**  *Requesting, transferring, condemnation, repair and maintenance of medical equipment/ furniture* |  |  |  |  |  |  |  |
| *Loaning and borrowing equipment between wards and departments* |  |  |  |  |  |  |  |
| *Application for trial of new medical devices* |  |  |  |  |  |  |  |
| *Handling of CSSD items* |  |  |  |  |  |  |  |

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| **Learning Experience/ Problem Identification** | **Intervention Skills/ Plans /Strategies** | **Enabling Outcome** | | | **Reflective Context** | | |
| **CNR** | **CBD** | **CR** | **Opportunities/**  **Challenges** | **Achieved** | **Improvement** |
| **Complaint Management**  *Immediate Handling* |  |  |  |  |  |  |  |
| *Investigation* |  |  |  |  |  |  |  |
| *Improvement and preventive measures* |  |  |  |  |  |  |  |
| *Reply to complainant* |  |  |  |  |  |  |  |
| *Staff debriefing* |  |  |  |  |  |  |  |
| *Handling of Appreciation* |  |  |  |  |  |  |  |
| *Media Handling* |  |  |  |  |  |  |  |
| *Emergency Response on call arrangement-* |  |  |  |  |  |  |  |
| *Resuscitation* |  |  |  |  |  |  |  |
| *Preparation of Periodic inspection or accreditation visit: Labor Department of Health, JCI, ACHS, OSH, ISO* |  |  |  |  |  |  |  |

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| **Learning Experience/ Problem Identification** | **Intervention Skills/ Plans /Strategies** | **Enabling Outcome** | | | **Reflective Context** | | |
| **CNR** | **CBD** | **CR** | **Opportunities/**  **Challenges** | **Achieved** | **Improvement** |
| **Resources Management**  *Organizational and*  *Hospital Vision, Mission and Objectives* |  |  |  |  |  |  |  |
| **Corporate Governance:**  *- Nursing Services Policies*  *- Patient Care Policies*  *- Organization Chart* |  |  |  |  |  |  |  |
| **Annual budget** |  |  |  |  |  |  |  |
| **Human Resource Management**  **Duty planning:**   * *Planning of duty roster (including annual leave) for nursing/supporting personnel* * *Handling of sick leave and staff on injury (IOD)* |  |  |  |  |  |  |  |
| **Performance appraisal:**   * *Preparation of Annual Appraisal Report* * *Conduct periodic Interview Performance management* * *Counseling* * *Performance Improvement program for under-performed staff* |  |  |  |  |  |  |  |

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| **Learning Experience/ Problem Identification** | **Intervention Skills/ Plans /Strategies** | **Enabling Outcome** | | | **Reflective Context** | | |
| **CNR** | **CBD** | **CR** | **Opportunities/**  **Challenges** | **Achieved** | **Improvement** |
| * *Issuance of warning/ disciplinary actions* |  |  |  |  |  |  |  |
| **Recruitment planning:**   * *Vacancy notification/ advertisement* * *Shortlisting* * *Interview board* * *Promotion* |  |  |  |  |  |  |  |
| *Preparation of job description for any one category of Nursing/ Supporting Personnel* |  |  |  |  |  |  |  |
| *Developing workforce requirement for unit/ department/ hospital* |  |  |  |  |  |  |  |
| **Staff training & development:**   * *Conduct teaching program for nursing/ supporting staff/ student* * *Organization of annual training program for nurses for unit/ department/ hospital* * *Organization of a staff development program/ CNE courses Code of Conduct and discipline for all staff* |  |  |  |  |  |  |  |

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| **Learning Experience/ Problem Identification** | **Intervention Skills/ Plans /Strategies** | **Enabling Outcome** | | | **Reflective Context** | | |
| **CNR** | **CBD** | **CR** | **Opportunities/**  **Challenges** | **Achieved** | **Improvement** |
| **Management of Change**   * *Lead quality improvement projects* |  |  |  |  |  |  |  |
| * *Participation in service development project* |  |  |  |  |  |  |  |
| * *Lead & implement change on \_\_\_\_\_\_\_\_\_\_* |  |  |  |  |  |  |  |
| **Reflective Learning:** | | | | | | | |
| **Feedback / Evaluation** | | | | | | | |

**Domain 4: To lead** **Quality Management/Improvement.**

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| **Learning Experience/ Problem Identification** | **Intervention Skills/ Plans /Strategies** | **Enabling Outcome** | | | **Reflective Context** | | |
| **CNR** | **CBD** | **CR** | **Opportunities/**  **Challenges** | **Achieved** | **Improvement** |
| **Quality and Safety**  **Developing/ review guidelines & standards** *for patients care* |  |  |  |  |  |  |  |
| *Using* **problem solving** *approach to identify the problems of unit/ department and develop plan of action* |  |  |  |  |  |  |  |
| **Preparation/ review the plan for disaster management / Drills:**   * *Fire /electricity failure / bomb threat* * *Medical gas supply failure/leakage* * *Water supply failure/leakage* |  |  |  |  |  |  |  |
| *Mass Casualty* |  |  |  |  |  |  |  |
| *Infectious Disease Outbreak* |  |  |  |  |  |  |  |

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| **Learning Experience/ Problem Identification** | **Intervention Skills/ Plans /Strategies** | **Enabling Outcome** | | | **Reflective Context** | | |
| **CNR** | **CBD** | **CR** | **Opportunities/**  **Challenges** | **Achieved** | **Improvement** |
| **Participation in a crisis management scenario:**   * *Coroner case* * *Still birth* * *Suicidal case* * *Violent case* * *Chemical Spills* * *Radiation leakage* * *Hospital Information System down* * *Phone Outage* * *Lift breakdown with trapped passengers* * *Bomb Threat* |  |  |  |  |  |  |  |
| **Incidents/accidents management:**   * *Formation of review panel*   *- Investigation improvement & preventive measures*   * *Investigation report* |  |  |  |  |  |  |  |
| **Preparedness for Emergency Response:**   * *Typhoon /Black Rainstorm* |  |  |  |  |  |  |  |

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| **Learning Experience/ Problem Identification** | **Intervention Skills/ Plans /Strategies** | **Enabling Outcome** | | | **Reflective Context** | | |
| **CNR** | **CBD** | **CR** | **Opportunities/**  **Challenges** | **Achieved** | **Improvement** |
| **Patient safety measures:**   * *Falls* * *Suicide* * *Missing* * *Handling of Sharps Injury* * *Handling of Medical & Nursing Records Confidentiality of Patient Personal Data Lost & found medical records* * *Missing* * *Wrong reports: XRs, films, Laboratory reports* |  |  |  |  |  |  |  |
| **Management of medication safety:**   * *Ward stocks* * *Dangerous & High Alert drugs* * *Patient’s own medicines* |  |  |  |  |  |  |  |
| **Management of Infectious Diseases:**   * *TB* * *SARS* * *MERS* |  |  |  |  |  |  |  |

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| **Learning Experience/ Problem Identification** | **Intervention Skills/ Plans /Strategies** | **Enabling Outcome** | | | **Enabling Outcome** | | |
| **CNR** | **CNR** | **CNR** | **Opportunities/**  **Challenges** | **Achieved** | **Improvement** |
| **Enhance security:**   * *Prevention of thefts & losses* * *Patient found missing* * *Child abduction* |  |  |  |  |  |  |  |
| **Project management & planning**   * *Participation in quality improvement project* * *Participation in an evidence-based nursing project* * *Participation in clinical/ nursing research* |  |  |  |  |  |  |  |
| **Reflective Learning:** | | | | | | | |
| **Feedback / Evaluation:** | | | | | | | |

**Domain 5:** **To implement best practice in managing, and negotiating an innovative and strategic approaches to care delivery.**

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| **Learning Experience/ Problem Identification** | **Intervention Skills/ Plans /Strategies** | **Enabling Outcome** | | | **Reflective Context** | | |
| **CNR** | **CBD** | **CR** | **Opportunities/**  **Challenges** | **Achieved** | **Improvement** |
| **Strategic Management**  Study and discuss on:   * *Health policy & strategy* * *Study on the Hospital Strategic plan* * *Participation in hospital annual planning* |  |  |  |  |  |  |  |
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| **Reflective Learning:** | | | | | | | |
| **Feedback / Evaluation** | | | | | | | |

**Domain 6: To enhance the development of professional attributes of general and advanced practice.**

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| **Learning Experience/ Problem Identification** | **Intervention Skills/ Plans /Strategies** | **Enabling Outcome** | | | **Reflective Context** | | |
| **CNR** | **CBD** | **CR** | **Opportunities/**  **Challenges** | **Achieved** | **Improvement** |
| **Present or contribute to Nursing Forum, Conference and Seminar** |  |  |  |  |  |  |  |
| **Publish article / study in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |  |  |  |
| **Contribute in \_\_\_\_\_\_\_\_\_\_\_ program** |  |  |  |  |  |  |  |
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| **Reflective Learning:** | | | | | | | |
| **Feedback / Evaluation** | | | | | | | |

**Domain 7: To embrace personal attributes in commitment and responsibility in learning.**

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| **Learning Experience/ Problem Identification** | **Intervention Skills/ Plans /Strategies** | **Enabling Outcome** | | | **Reflective Context** | | |
| **CNR** | **CBD** | **CR** | **Opportunities/**  **Challenges** | **Achieved** | **Improvement** |
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| **Reflective Learning:** | | | | | | | |
| **Feedback / Evaluation** | | | | | | | |

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| Signature of the Fellowship candidate: |  | Date: |  |
| Signature of the Mentor: |  | Date: |  |

**\*Attach your Case Note Review (CNR), Case based Discussion (CBD), and Case Report (CR) for each item you have experienced**

**Learning Activities Record**

1. **Papers Published**

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| --- | --- | --- |
| **Title of the Article** | **Author(s)** | **Journal / Publication**  **(Please provide volume/issue numbers, URL and/or do if applicable)** |
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Note: Attach an abstract of the published paper(s)

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| Signature of the Fellowship candidate: |  | Date: |  |
| Signature of the Mentor: |  | Date: |  |

1. **Courses, Lectures, Presentations Delivered**

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| **Date (dd/mm/yy)** | **Name of the Course/Lecture/Presentation/Event** | **Organizer** | **CNE (if any)** |
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| Signature of the Fellowship candidate: |  | Date: |  |
| Signature of the Mentor: |  | Date: |  |

1. **CNE Courses, Seminars Attended**

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| **Date (dd/mm/yy)** | **Name of the Course/Lecture/Presentation/Event** | **Organizer** | **CNE (if any)** |
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| Signature of the Fellowship candidate: |  | Date: |  |
| Signature of the Mentor: |  | Date: |  |

1. **Other Training Activities**

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| **Date (dd/mm/yy)** | **Name of the Course/Lecture/Presentation/Event** | | | **Organizer** | | | **CNE (if any)** |
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| Signature of the Fellowship candidate: | |  | Date: | |  |
| Signature of the Mentor: | |  | Date: | |  |

1. **Case Record**

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| **Case Summary (For supplementing information, please add additional sheets if necessary)** | | | | |
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| **Mentor’s Comment:** | | | | |
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| Signature of the Fellowship candidate: |  | Date: |  |
| Signature of the Mentor: |  | Date: |  |

1. **Mentor’s Comment and Verification**

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| **Mentor’s Comments (please add additional sheets if necessary)** |
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**Verification**

This is to verify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of fellowship candidate) of HKCNHCM membership number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has completed the period of supervised practice from \_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yy) to \_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yy).

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| Signature of the Fellowship candidate: |  | Date: |  |
| Signature of the Mentor: |  | Date: |  |

**Appendix A - Action Learning Record**

**Nursing and Health Care Management Fellowship Programme**

**Action Learning Record**

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| **Problem identified:** |
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| **1. Understanding and Reframing the Problem** |
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| **2. Framing and Formulating the Goal** |
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| **3. Developing and Testing Strategies** |
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| **4. Acting and Reflecting on the Action** |
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| Signature of the Fellowship candidate: |  | Date: |  |
| Signature of the Mentor: |  | Date: |  |

**References**

Dewey, J. (1933). How we think: a restatement of the relations of reflective thinking to the educative process. Boston: D.C. Heath & Co.

Hatton, N., & Smith, D. (1995). Reflection in teacher education: Towards definition and implementation. *Teaching and Teacher Education*, 11(1), 33–49.

Reid, J. M. (1995). Learning styles in the ESL/EFL classroom. Florence, KY: Heinle & Heinle Publishers.

**End of Clinical Logbook**