

Guidelines for Applying Clinical Ladder of Competencies for Midwifery Practice (CLoCMiP)

Excerpted version (English Translation)



Japanese Nursing Association



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Background for the Formulation of the Guidelines for Applying Clinical Ladder of Competencies for Midwifery Practice (CLoCMiP)

Training midwives capable of satisfying expectations for the roles from pregnant and puerperal women and the society

In the era of changing demographic structure, particularly with the rapidly declining birthrate, what roles are expected of midwives in the perinatal medical care service system? It is time we thoroughly examined this matter.

At the same time, not only individuals but also organizations are required to review what career paths should be drawn for midwives to fulfill their expected roles, and what support is required to realize such career paths.

At present, expectations are high for the “training of novice nursing staff, following the establishment of educational systems to enable organized training for novice nursing staff. On the other hand, it is deemed indispensable to review, mature and further develop the systems on an ongoing basis, in response to unavoidable changes in the environment and social circumstances that surround medical care. The case is especially the same with the training of newly graduated midwives that has just started.

In the meantime, similar review and the establishment of systems are required for continuing education, targeted at midwives who have been in the practice for one year. However, such review and the establishment of systems are limited within the individual facilities where midwives work.

Furthermore, it is urgently required to promote the career development of midwives, as a part of measures to develop professional abilities, while the nationwide workforce of midwives is far from sufficient.

In career development, the philosophy of the nursing department is established based on the philosophy of the hospital. Educational philosophy and educational targets are defined based on the philosophy of the nursing department. Subsequently, the philosophy for midwifery, the philosophy for midwifery education, and the targets for midwifery education should be formulated as required for individual hospitals to perform their roles and functions. While it is required to determine midwifery philosophy and targets as specialists who take care of the two lives, of mother and child, rather than as a subcategory of nursing staff, it seems that, in the present status, ongoing education for midwives is undertaken under the education philosophy and educational targets for the nursing staff in general.

However, it is necessary to support the professional life of midwives to enable their development in midwifery throughout their life, and to train and support, in particular, midwives who are capable of satisfying expectations from pregnant and puerperal women and the society.

To continuously strengthen the practical ability of midwives following basic midwifery education as its ground and the education of newly graduated midwives as its basis, it is required to establish a standardized strategy at an ALL-Japan level, crossing over the borders of facilities.

Initiatives at the Japanese Nursing Association based on national measures and projects

Here, look at the table below describing the activities of midwives that have been expected in national measures and projects over the ten years from 2001 to 2010.

In response to these national measures and projects, and to the conditions of clinical midwifery practice, we at the Japanese Nursing Association (“JNA”) have undertaken diverse initiatives.

In 2003, the Professional Committee on Midwifery of JNA created “Evaluation of the Quality of Midwifery Care at Medical Facilities: Self Evaluation Criteria” as a self-evaluation tool aimed to improve the quality of midwifery care. Two years later, a nationwide status survey was conducted using these evaluation criteria.

[Table Activities of Midwives Expected in National Measures and Projects]

- The environment that surrounds medical care has been substantially changing, including the declining birthrate and super-aging society, as well as limited medical facilities, equipment and human resources.
- On a national scale, plans have been made toward the promotion of team approach for improving medical services, childrearing support measures, and so on. In this context, recognition has been renewed concerning the utilization and necessity of midwives, and their expected development.

<p>Sukoyaka Oyako 21 (Healthy Parents and Children 21) Challenge 2: Ensuring of a safe and comfortable pregnancy/ childbirth, and assistance for infertility (MHLW, 2001 to 2014)</p>	<ul style="list-style-type: none"> ■ Promoted the “introduction of team approach through the utilization of midwives” ■ First interim evaluation (2005): Midwives increased, but their distribution was uneven among facilities. ■ Second interim evaluation (2010): Midwives were continuously increasing, but on-site perceived shortage remains, because important problems that are not represented in the indicators (e.g. uneven distribution among regions and facilities) have yet to be resolved.
<p>HPB Director-General’s Notification “Division of Roles and Collaboration, etc. among Physicians, Midwives and Nurses in Delivery” (MHLW, 2007)</p>	<ul style="list-style-type: none"> ■ As specified in the Act on Public Health Nurses, Midwives and Nurses, midwives are in charge of midwifery practice, and should play the role of comprehensively protecting midwifery in normal delivery and the health of the mother and child. Because childbirth involves unexpected risks, midwives should ensure adequate daily collaboration with physicians. ■ Measures to secure midwives should be taken in collaboration and cooperation with local related persons.
<p>HPB Notification “Promotion of the Division of Roles between Physicians and Medical Professionals and Clerical Staff” (MHLW, December 2007)</p>	<ul style="list-style-type: none"> ■ Under close collaboration and cooperation with physicians, the proactive utilization of midwives in the health management of the mother and child, and in delivery management when the pregnant woman takes a normal course, enables to reduce the workload of physicians in obstetric medical institutions. Such reduction in the workload of physicians in obstetric medical institutions enables physicians to concentrate on matters that can only be handled by physicians, thereby exercising the specialty of physicians more effectively, while relieving obstetricians of excessive burden at medical institutions that handle local critical emergency care.
<p>Vision for Securing Safe and Desired Medical Care (MHLW, 2008)</p>	<ul style="list-style-type: none"> ■ Measures should be taken to promote the dissemination of in-hospital midwifery cares and midwife outpatient wards, so that midwives can handle normal deliveries by themselves in collaboration with physicians. At the same time, to exercise specialties and provide efficient medical care, collaboration through team approach should be promoted. In this process, midwives engaged in the midwifery practice should be increased, while measures should also be taken to improve their ability.
<p>“Promotion of Team Approach” (MHLW, 2010)</p>	<ul style="list-style-type: none"> ■ Aim at the further utilization of the specialty of midwives, under collaboration, cooperation and the division of roles with obstetricians. ■ It is adequate to take into consideration that the suture of perineal laceration is a highly required procedure for safe and appropriate midwifery, and to conduct trial implementation and verification in the clinical practice concerning the extent of laceration that can be handled by midwives and the desired collaboration with obstetricians, based on which results final conclusion should be drawn.

(Partially modified p.14 of the Training Guidelines for Newly Graduated Midwives, Japanese Nursing Association (2012))

Furthermore, a reviewing subcommittee for improving the quality of midwives was established to resolve problems identified in this survey, and the second edition was published in 2007. In the compilation of the second edition, the content of the evaluation criteria was summarized and subdivided to improve the accuracy and validity of the criteria, referring to the minimum requirements of midwife education, and to the Essential Competencies established by the International Confederation of Midwives (ICM).

The expressions for Evaluation Levels I to IV are determined by domain, referring to clinical ladders, nursing management of various facilities, and the Framework for Evaluation of Hospital Functions by the Japan Council for Quality Health Care. Because caring is the basic attitude of midwives, it is placed at the top of the evaluation criteria, followed by diagnosis and care for pregnant, puerperal and postpartum women and newborns; home visits to the mother and child, and the functions of institutions and facilities for midwifery care (for managers). These evaluation criteria were prepared from a standard perspective, and we have promoted their use at obstetric medical institutions across Japan.

Starting fiscal 2004, another subcommittee was established under the Professional Committee on Midwifery of JNA, to examine “systems for autonomous midwifery care by midwives” (referred to as “in-hospital midwifery cares” at the beginning), as a way to provide new maternal care utilizing the specialty of midwives. The subcommittee submitted a report in 2006. We disseminated the booklet under a strong message that “systems for autonomous midwifery care by midwives” could be started with possible sections, such as midwife outpatient wards, in accordance with the philosophy and conditions of establishment of the hospital or clinic, and subsequently expanded in steps.

In 2011, the subcommittee also prepared “Guidelines of the Utilization of Indicators for the Evaluation of Functions of In-Hospital Midwife-Led Care System*”, as a reference for obstetric medical institutions with effective in-hospital midwife-led care system, and for those that plan to establish such systems.

* A system for effectively utilizing midwives where “in-hospital midwifery clinic” and “in-hospital midwifery care unit” are established, in which midwives take the initiative in providing nursing and midwifery care including antenatal health checkups, childbirth support, and health guidance (consultation service and education) at hospitals and clinics, in accordance with the range of activities specified by the Act on Public Health Nurses, Midwives and Nurses

While midwifery outpatient wards and in-hospital midwife-led care system gradually increased owing to these activities, new challenges have become clear in recent years.

Firstly, obstetric wards are increasingly shifting to combined wards, due to the declining birthrate and the shortage of obstetricians. The proceeding increase of combined obstetric wards may interfere with the promotion of in-hospital midwife-led care system. This problem results from manpower shortage on one hand, and from the enfeebled environment for acquiring the practical ability of midwives on the other hand, where midwives are required to take care of other patients during work shifts while providing care to high-risk pregnant and puerperal women.

Another problem is the uneven distribution of employed midwives, caused by the lack of standards for the adequate allocation of midwives. These factors are interrelated to produce an environment that retards practical midwifery ability.

Necessity of career paths and a clinical ladder for midwives that can be utilized on an ALL-Japan basis

In this context, it is expected that midwives should autonomously acquire necessary abilities, by promoting in-hospital midwife-led care system referring to the “systems for autonomous midwifery care by midwives” as described above, and by utilizing the “Evaluation of the Quality of

Midwifery Care at Medical Facilities: Self Evaluation Criteria”.

At the same time, it is critical to provide midwives not only with standardized novice education, but also with systematized ongoing education, taking into account that the stagnant acquisition of practical midwifery ability is caused by external environmental factors in the perinatal medical care service systems, and by the resultant internal environmental factors.

Also taking into consideration the expected roles of functional associations, as indicated in the “Report concerning Recurrence Prevention under the Japan Obstetric Compensation System (the Japan Council for Quality Health Care)”, it is considered strongly necessary to visualize “standardized practical ability that midwives should have.”

Therefore, JNA positioned support to the enhancement of practical midwifery ability as a midwifery-related project in 2011, and started consideration. In 2012, JNA linked the training of newly graduated midwives with the subsequent ongoing education, and published the “Training Guidelines for Newly Graduated Midwives”, the “Career Paths for Midwives”, and the “Clinical Ladder of Competencies for Midwifery Practice (CLOCMiP)” as tools that could be used across Japan.

This guideline has been summarized based on the continued review of systems for enhancing the practical ability of midwives (i.e. career development), integrating the tools as described above.

This guideline depends on the management system of respective obstetric medical institutions. It may not be effective to directly apply this guideline to the existing management system to introduce CLOCMiP. It is recommended to prepare a portfolio at first, as part of education based on the education philosophy for midwives at each facility, and the roles and functions expected of the facility, and then modify and apply the clinical ladder as suitable for the conditions of the facility.

The Clinical Ladder Levels indicated herein are under ongoing review by the Japanese Promotional Council for Practical Midwifery Capability, toward the planned establishment of a system for certification based on nationally integrated standards in the near future. This initiative is aimed at visualizing practical midwifery ability toward other professionals related to care for pregnant and puerperal women, thereby further encouraging midwives themselves.

We hope to upgrade this guideline with appropriate modification based on inputs from its users. JNA requests for open and honest opinions.

Toshiko Fukui
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July 2013

Chapter 1 | Career Development and Career Enhancement of Midwives

2

Career paths of midwives

1 Concepts of career and career development

There are several viewpoints for the deliberation of careers. While “career” refers to promotion at work or a specialized profession in some cases, this guideline regards career as “a variety of continuous experience related to various roles throughout one’s life”, and not as mere occupational background.

Career development can be seen from two perspectives as described on the right. Here, it is required to harmonize and integrate the needs of individuals with the needs of the organization, thereby aligning and interrelating the growth of individuals with the development of the organization. Mutual confirmation will be required, referring to the time for career counseling, as indicated in “Career Paths of Midwives” (Table 1-1) below.

- 1) **Career development as seen from the viewpoint of individuals:**
Individuals design their own careers and pursue their own growth, toward the attainment of their own goals.
- 2) **Career development and ability development as seen from the viewpoint of the organization:**
The organization manages the careers of its members, and contributes to its development, in order to attain its goals.

2 Significance of career paths

What are the requirements for harmonizing and integrating the needs of individuals with the needs of the organization, thereby aligning the growth of individuals with the development of the organization?

One of the useful tools is a “career path.” To harmonize and integrate the needs of individuals with the needs of the organization, it is necessary to clarify their mutual needs. Because a career path can visualize their respective needs, it is useful for individuals to understand the needs of the organization, and for the organization to understand the needs of individuals.

The respective needs that must be clarified are as listed on the top right.

It is assumed that most people hope to live a better life. Designing one’s own career is one of the ways toward that goal. One’s occupational life is fulfilled when they adequately exercise their abilities and skills that they have acquired as midwives, and recognize their contribution to society through such exercise. To enable this, persons are required to deepen their self-understanding and identify their more specific goals. When their goals become more specific, detailed experience and learning required to attain those goals are clarified, thereby enabling them to design their own careers.

The organization presents career paths as indicated on the bottom right. Individuals can examine them, and review the feasibility of their own career designs, thereby pursuing fulfilled careers that incorporate their own intensions.

Not all persons have a clear image of their individual career needs. In most cases, career needs become clearer as they have various experiences and relate with many people. A rough and vague design at an early occupational stage becomes clearer and more specific as people become more experienced. At an early stage, it is recommended that people should design their career in accordance with their life cycle plans, referring to the career paths presented by the organization, examining how they can develop their careers in the organization to which they belong.

1) Points that individuals should clarify

- Self-recognition: Understanding yourself
 - What are your strengths and characteristics?
 - What pleases you and what matters most to you?
 - What is your future goal?
- Your needs in the career: What do you think about your own career, and what is your future goal?
 - Specific goals
 - Experience and learning that are considered necessary for attaining those goals

2) Points that the organization should clarify

- The mission and vision of the organization
- Human resources and abilities that are required for the organization to realize its mission and vision

Career path items presented by the organization

- Outlook for the possible career development in the organization
 - Opportunities for experience and learning that can be provided to the members of the organization
 - Roles and abilities that are expected of the members of the organization based on the years of experience
 - Job descriptions and requirements for the members of the organization to play the assigned roles
- Resources for career development that can be utilized by the individual members of the organization

3 Career paths of midwives

In general, career paths differ by organization. **Table 1-1** has been formulated by JNA, reviewing and incorporating social expectations for the function of midwives, and the mission and roles of midwives.

This career path visualizes how midwives can develop themselves through their work, and is an epoch-making table that clearly describes, for the first time, the career path of midwives as specialists in Japan.

This career path indicates the essential skills and knowledge that must be acquired for midwives to play their roles. At the same time, the table clarifies critical experience for acquiring those skills and knowledge, as well as learning items required for midwives to develop their own abilities. For midwives to fulfill their roles as specialists, it is important to continue self-improvement throughout their life, making use of various opportunities for learning and other resources that are provided by their organization and professional associations.

4 Design your career! - Incorporating your personality into the career design

What made you hope or decide to become a midwife at the beginning?

People may want to become midwives for various reasons, but are required to fulfill the same roles and expectations of midwives. The career path (**Table 1-1**) mentioned above is considered to indicate the process for acquiring abilities required to fulfill those roles and expectations.

In the meantime, just as people want to become midwives for various reasons, their future vision and outlook differ from each other, regarding what types of midwives they want to become, what working styles and employers they seek, and so on. This variety reflects the personality of each person, and generates the width and depth of midwifery careers in Japan. Society also needs diversity in midwives, so that they can satisfy diverse social expectations, rather than all midwives take the uniform course of career development.

The true and desirable course for midwives is that individual midwives play the roles required by society, while they develop themselves by satisfying their own career needs. This should be the style of human resource development to support perinatal care service in the coming age. For this purpose, each midwife should carefully examine what type of midwife they want to become, and what their preferable working style is, thereby pursuing their own growth and specialty. Why not re-confirm your goal and design your future career, referring to the career path?

Table 1-1 Career Paths of Midwives

Specify what should be the goal of your career as a midwife, and design your career utilizing the resources of the organization, based on experience required to attain the specified goal.

Years of experience	From the first employment	To Year 3	From Year 4	From Year 6	---	To Year 10	From Year 11	From Year 16		From Year 25	From Year 35		
Age	23 or 24 years	27 years	28 or 29 years	Around 30 years		34 years	35 years	40 years	45 years	50 years	60 years and older		
Lifecycle event	Acquire the qualification of midwife and find a job		Marriage	First childbirth	Second childbirth	Third childbirth					Mandatory retirement	Second career	
Career stages	Acquisition of basic practical ability			Enhancement and expansion of practical ability and harmonization with life events				Fulfillment of the career					
		Acquisition of practical ability				Expansion of roles and perspectives					Preparations for the second career Additional life events		
Time for career counseling	1st counseling Purposes: Sharing the development plan (adjusting the goals of the individual with the goals of the organization)			2nd counseling Purposes: Continuing the career, expanding the roles, and strengthening the practical ability		3rd counseling Purposes: Confirming the career direction and examining possible career changes		4th counseling Purposes: Strengthening and developing specialties, and developing junior midwives			5th counseling Purposes: Supporting the second career so that midwives can continue working throughout their life		
Setting directions for career development	<ul style="list-style-type: none"> • Maternity ward • Assisting at least 30 cases of delivery (continued observation and assistance through first to fourth stages of delivery) • Checkup of at least 100 pregnant women • Checkup of at least 50 puerperal and postpartum women (respectively 50 women on Postpartum Day 0 through Day 5) 		Career rotation				<ul style="list-style-type: none"> • Long-term training (at a hospital with an in-hospital midwifery care • Activities as a Professional Committee on Midwifery member 	<ul style="list-style-type: none"> • Chief of the in-hospital midwifery care 			Function as an excellent generalist	Prepare for entrepreneurship	Path to an executive manager, teacher, researcher, or government official (alternatives at a crossroads)
Requirements for functional development	<ul style="list-style-type: none"> • Acquire basic knowledge and skills 	<ul style="list-style-type: none"> • Case summary and presentation 	<ul style="list-style-type: none"> • Acquire knowledge and skills concerning the management and nursing of high-risk newborns (and their families), and enhance learning for upgrading practical ability 	<ul style="list-style-type: none"> • Learn management and nursing of diseases, and practice the knowledge in care for pregnant women with complications 		<ul style="list-style-type: none"> • Maternity ward • Chief of the in-hospital midwifery clinic 	<ul style="list-style-type: none"> • Narrow the direction to be headed as a specialist, and start preparations 	<ul style="list-style-type: none"> • Enhance personality and sociability to support the team approach • Upgrade and enhance the specialty 	<ul style="list-style-type: none"> • Become a role model 	<ul style="list-style-type: none"> • Exercise ability in accordance with one's own health and physical strength 			
Viewpoints for supporting the person	<ul style="list-style-type: none"> • Identify and support the person's adaptation to the workplace and the occupation • Utilize OJT 		<ul style="list-style-type: none"> • Support experience at a new department • Provide opportunities for learning, and upgrade the person's practical ability 	<ul style="list-style-type: none"> • Motivate the person in accordance with the expanding areas of work 	<ul style="list-style-type: none"> • Support the person's experience in areas other than the specialty 	<ul style="list-style-type: none"> • Confirm and support the person's selection 	<ul style="list-style-type: none"> • Utilize external training and educating opportunities 	<ul style="list-style-type: none"> • Identify and provide advice concerning the conditions of management and operation 	<ul style="list-style-type: none"> • Utilize the power of skilled midwives • Train less experienced midwives 	<ul style="list-style-type: none"> • Preparations for the second career 	<ul style="list-style-type: none"> • Support the person's second career 		
<p>Work Life Harmony (Harmonization of work, life and learning)</p>													

(Partially modified based on MATSUDA Kenji (1989), "Career Development Programs at Private Companies - From Job Management to Career Management", Kango Tenbo, p. 37, 14(8))

3

Midwife's portfolio

1 What is a portfolio?

The term “portfolio” comes from Italian words “port (to bring)” + “folio (a sheet of paper)”, and signifies a document folder/holder, a paper folder containing drawings, etc. A portfolio can contain the past achievements and performances of a person, just like a file of works owned by an artist or a cameraman. By browsing through a portfolio, people can know the personality of the owner.

A portfolio is not a mere archive of a person's history, but visualizes the course of development of the person. In career development, a portfolio can be utilized as a record of various experience and learning through to the attainment of goals, and as a tool for managing one's own experience and learning.

Nursing professionals may use a portfolio for “having themselves known/understood by others”, and “reviewing themselves and identifying new challenges”, among other purposes. In this way, a portfolio enables evaluation that cannot be represented by academic background or qualification, or that cannot be quantified. Therefore, it is effective to use a portfolio in annual reviews, during interviews with the manager, and at other milestones in a person's career.

2 Utilizing portfolios in the career development of midwives**(1) Visualizing the career development process of individuals**

As mentioned above, career development may be seen from the viewpoint of individuals and from the viewpoint of the organization. Portfolios can be used for examining the career development process of individuals. Through a portfolio, one can find out what experience and learning the person has had, in a relatively short time. One may even identify the person's future possibilities.

For the organization, portfolios are valuable tools to understand individuals, and also important tools to provide support to individuals, taking into account their respective career needs. Portfolios can also be utilized during interviews with individuals that are held by the organization for their career development through target management.



Portfolios visualize the process of experience and learning, and therefore enable individuals to look back at their past achievements, clarify their career direction, and notice new challenges and underdeveloped areas of learning. In this way, people can find out new goals and feel motivated to take new challenges.

To begin with, a career belongs to each person, and it matters most that the person takes ownership of the person's career development. The utilization of portfolios enable individuals to review themselves, and to make self-decision as to how they would like to arrange their experience and learning. This helps each person take true ownership of their own career, and leads to their satisfaction at work.

(2) How supporting persons should relate with individuals in the utilization of portfolios

In the actual use of a portfolio, it matters most that each midwife takes ownership of its utilization. For more effective utilization, it is also important how supporting persons relate with individual midwives.

As supporters of career development, managers and more experienced midwives should provide explanation concerning the significance and usage of portfolios at the introduction of portfolios or during orientation to newly employed midwives. This is the first step to help midwives understand how to utilize portfolios, and how they are related to the growth (or career development) of individual midwives. Supporting persons should subsequently check how portfolios are maintained, and utilize them on various occasions for supporting career development.

During career-related interviews, supporting persons can refer to portfolios when they evaluate the efforts of interviewees and recognize their growth, and crystallize underdeveloped areas comparing the targeted goals with the present conditions. Once such areas are identified, supporting persons can also suggest seminars, academic conferences and other opportunities for learning related to the required experience and knowledge. When there are midwives who are at a loss and cannot find their goals, supporting persons can utilize portfolios to help them recognize smaller targets until they have a clear vision of their ultimate goals.

For each midwife, as the subject of career development, the first step is to understand the significance of a portfolio and to prepare one. Subsequently, a midwife should take the portfolio to each interview with the manager or more experienced midwives, and utilize it to share the midwife's own information with the interviewers for evaluation. It is also recommended to review the portfolio periodically and/or occasionally, because it enables persons to confirm their own growth and to identify new challenges.



(3) Examples of utilization of portfolios

At Hospital A in Tokyo, each newly employed midwife is provided with an “individual training folder” and “clear files for archiving materials” designed for individual use. In addition, newly employed midwives are briefed concerning how to utilize the individual training folder, as a part of education at the nursing department. The briefing contains 1) the purpose of the folder, 2) its utilization, 3) how to use it, 4) instructions for entering each document, and 5) others (how to keep records of training, etc.).

Newly employed midwives start using “training records” during their orientation, and accumulate their individual learning activities as specialized professionals. They share the training records with trainers for effectively implementing the learning process. The individual training folder is also utilized in target management interviews, evaluation based on the career development ladder, promotion, and on other occasions.

The hospital has prepared separate portfolio forms specialized for midwives, including 1) departments that the person has experienced as a midwife, 2) the number of deliveries that the midwife has assisted, and 3) a checklist of completed programs of career ladder.

It is assumed the many facilities utilize portfolios as a common tool for nursing professionals. It would become easier to draw career designs that feature the specialty of midwifery, when portfolios are used with ideas to visualize the vision of organization and roles that are specialized for midwives.

**3 Let's make a portfolio!**

First, prepare a folder. In principle, the folder should consist of elements listed on the right. This portfolio should be a tool to centralize and overview the process of your own career development. For this purpose, the following points should be needed careful consideration, so that the portfolio will be easy to use and be readily accessed.

- All filed materials should be dated with the indication of source.
- All materials should be filed in chronological order.
- All materials to be included in the folder should be arranged in the same size. (When it is difficult to arrange the materials in the same size, you can archive them in clear files of the same size or otherwise sort them neatly.)

Materials that can be used for a midwife's portfolio are suggested on the following pages.

Elements of a portfolio**1) Written goal and targets**

Written vision, goal, targets, action plans, etc.

2) All documents that indicate your process toward the goal

Records of deliveries that you have assisted, records of your individual activities (e.g. records of participation in academic conferences and seminars, records of assigned duties in the ward), description of learning, notes of your findings and observations, seminar materials and articles from newspapers/magazines, advice from others, description of self-evaluation, etc.

3) Summaries

Reviews concerning the attainment of your goal, new challenges identified through reviews, hints that inspire you toward the future, etc.

Chapter 2 | What Is the CLoCMiP?

2

The CLoCMiP from Level Novice to Level IV

Table 2-2 indicates the CLoCMiP from Level Novice to Level IV.

The items of practical midwifery ability in the clinical ladder are detailed below.

‘Ethical understanding’ refers to the caring attitude, and consists of explanation about caring theories, application thereof to practice, and review at the practice.

‘Maternity care ability’ comprises diagnosis and care during the pregnancy, delivery, postpartum and newborn periods that are required in clinical midwifery practice, in addition to viewpoints for considerations during the delivery period. It is targeted that midwives acquire the items of maternity care ability from Level Novice to Level III. “NCPR (Course B), CTG”, “physical assessment, transfusion pumps and midwifery records are designated as essential courses.

‘Professional autonomy’ signifies the basic approach and attitude required for midwives. It consists of education (education/guidance and self-development), research, communication (interpersonal relationship), ethics (sociability and midwifery ethics), and managerial aspects in midwifery practice (safety, economy and leadership).

The clinical ladder indicates the practical midwifery ability of each midwife. Progress is not certified in accordance with the years of experience, but depends on whether or not the midwife is capable of undertaking the targeted activity. Even so, it is required to indicate a rough guidance for the years of experience required for each level, both for the purpose of visualizing the standard development of midwives, and for motivating midwives to proceed and set targets along the clinical ladder.

JNA considers that new midwives should be certified as Level Novice after six months to one year in practice, as Level I in two to three years, as Level II in four to five years, and as Level III in approximately seven years. Of course, it is recommended that each midwife is upgraded in accordance with their respective practical ability.

Table 2-2 CLoCMiP

		Level Novice	Level I	Level II	Level III	Level IV
Goals		<ol style="list-style-type: none"> 1. Able to provide midwifery care safely and surely in accordance with instructions, the procedure, and the guideline. 	<ol style="list-style-type: none"> 1. Able to provide midwifery care safely and surely, having acquired knowledge, skills, and a proper attitude to assist healthy living . 2. Able to understand operations of the in-hospital midwifery clinic service and the in-hospital midwifery care . 3. Able to understand the pathological conditions of high risk examples and proper way to cope with them. 	<ol style="list-style-type: none"> 1. Able to provide individualized care based on the child delivery process. 2. Able to provide care in the in-hospital midwifery clinic with support. 3. Able to provide midwifery care together with the senior midwives in the in-hospital midwifery care unit. 4. Able to judge whether the symptom is low or high risk and provide the initial intervention. 	<ol style="list-style-type: none"> 1. Able to responsibly provide midwifery care for the pregnant/ puerperant woman and the newborn throughout the hospitalization period. 2. Able to autonomously provide individualized care in the in-hospital midwifery clinic. 3. Able to play an instructive role in the in-hospital midwifery clinic. 4. Able to autonomously provide care in the in-hospital midwifery care unit. 5. Able to detect transition from low risk to high risk symptoms in the early stage and to intervene when necessary. 	<ol style="list-style-type: none"> 1. Able to provide creative midwifery care. 2. Able to play an instructive role in the in-hospital midwifery clinic. 3. Able to play an instructive role in the in-hospital midwifery care. 4. Able to provide educational communication to staff in both low and high risk cases.
Ethical understanding	Caring attitude	<ol style="list-style-type: none"> i) Able to understand the meaning, key concepts and theories of caring. ii) Able to understand the importance of caring. iii) Able to act based on the key concepts of caring (to know, to be together, to act for another person, to have power for enabling, and to maintain faith). 		<ol style="list-style-type: none"> i) Able to self-evaluate the attitude as a midwife, reviewing specific cases of care to persons who suit the ladder level (Able to clarify self-requirements for the practice of caring). 		<ol style="list-style-type: none"> ii) Able to explain the meaning, key concepts and theories to junior midwives and colleagues. iii) Able to play educational and instructive roles for practice based on the meaning, key concepts and theories of caring to junior midwives and colleagues.

		Level Novice	Level I	Level II	Level III	Level IV	
Maternity care ability	Diagnosis and care during the pregnancy, delivery, postpartum and newborn periods; Viewpoints for considerations during the delivery period	Information collection	<ul style="list-style-type: none"> i) Able to understand information required for healthy living behavior diagnosis and pregnancy progress diagnosis in pregnancy/child delivery/ puerperium/newborn period with support. ii) Able to collect information using the fixed form. iii) Able to know the lacking information and able to collect the additional information with guidance. iv) Able to make records using correct terms and appropriate expressions based on criteria and procedures of midwifery care. 	<ul style="list-style-type: none"> i) Able to autonomously collect information required for healthy living behavior diagnosis and pregnancy progress diagnosis in pregnancy/ child delivery/ puerperium/newborn period ii) Able to know the lacking information and be able to collect the additional information. iii) Able to sort out information required for assessment with guidance. iv) Able to make records using the correct terms and appropriate expressions. 	<ul style="list-style-type: none"> i) Able to collect all information required for implementing individualized midwifery care among the information required for healthy living behavior diagnosis and pregnancy progress diagnosis in pregnancy/ child delivery/ puerperium/ newborn period. ii) Able to sort out information required for assessment. 	<ul style="list-style-type: none"> i) Able to collect information required for healthy living behavior diagnosis and pregnancy progress diagnosis in pregnancy/ child delivery/ puerperium/ newborn period based on theoretical reasons. ii) Able to collect information in order to conduct assessment taking mental/ social aspects and family backgrounds into consideration. iii) Able to sort out the information described in ii) considering needs and priority. iv) Able to collect information intentionally from the relevant persons from different job types. 	<ul style="list-style-type: none"> i) Able to get the picture of overall situation concerning the target including individuality, mental/social aspects, family background, and selectively collect information focused on the required area.
	Assessment/Clarification of problems (needs)	<p>Low risk</p> <ul style="list-style-type: none"> i) Able to know the normal values of vital signs, various examinations and various physical measurements of pregnant/puerperant women and newborns. ii) Able to understand anatomical and physiology concerning obstetrics. iii) Able to understand the meanings of measured values with support. iv) Able to analyze collected information of healthy living behavior and the pregnancy progress diagnosis with support. v) Able to understand the pathological conditions of major perinatal disorders. 	<p>Low risk</p> <ul style="list-style-type: none"> i) Able to know pregnant/puerperant women's normal chronological course, and able to understand newborns' physiology. ii) Able to analyze collected information of healthy living behavior and pregnancy progress diagnosis with support. <p>High risk</p> <ul style="list-style-type: none"> i) Able to understand pathophysiology and examinations of major perinatal disorders (threatened miscarriage/premature labor, hyperemesis, pregnancy hypertension syndromes, gestational diabetes mellitus, and placenta previa) and the risks of multiple pregnancies. ii) Able to understand the proper response to abnormality of pregnant/puerperant women and newborns, and how to assist them. 	<p>Low risk</p> <ul style="list-style-type: none"> i) Able to analyze the collected information of healthy living behavior and the pregnancy progress diagnosis. ii) Able to clarify the needs of pregnant/puerperant women and newborns. iii) Able to decide the priority order of the needs. <p>High risk</p> <ul style="list-style-type: none"> i) Able to clarify problems occurring to the pregnant/ puerperant woman and the newborn. ii) Able to determine the priorities of the problems. 	<p>Low risk</p> <ul style="list-style-type: none"> i) Able to clarify the potential needs. <p>High risk</p> <ul style="list-style-type: none"> i) Able to clarify potential midwifery problems. ii) Able to clearly distinguish the midwifery problems from the general problems. 	<p>Low /high risk</p> <ul style="list-style-type: none"> i) Able to give a correct diagnosis considering the risks of the target following the diagnosing process (Able to sort women eligible for in-hospital midwifery care). ii) Able to explain the reasons for the given diagnosis to other midwives and the medical care team members. iii) Able to instruct junior midwives so that they can make a diagnosis based on the diagnostic process. 	

		Level Novice	Level I	Level II	Level III	Level IV
	Diagnosis	i) Able to make an appropriate diagnosis by analyzing information on healthy living behavior and pregnancy progress with support.	i) Able to make an appropriate diagnosis by analyzing information on healthy living behavior and pregnancy progress with support as needed.	i) Able to make an appropriate diagnosis by analyzing information on healthy living behavior and pregnancy progress. ii) Able to consider the priority of problems based on the details of the diagnosis.	i) Able to make an appropriate diagnosis by analyzing information on healthy living behavior and pregnancy progress. ii) Able to judge the priorities while considering whether providing only midwifery care is enough, or medical intervention by the physician is required based on the details of the diagnosis.	i) Able to share the given details of the diagnosis with other members of the medical care team including the pregnant/ puerperant woman. ii) Able to give guidance on the details of the diagnosis given and the priorities of the problems. iii) Able to collect required information, conduct assessment, make a diagnosis, and decide about the priorities in a short time during an emergency.
	Planning	i) Able to understand the conditions and needs of the pregnant/ puerperant woman and the newborn at that time. ii) Able to set goals according to the needs of the pregnant/ puerperant women and the newborns with support. iii) Able to make a consistent plan in terms of the conditions of the pregnant/ puerperant women and the newborns, the list of their problems, and the goals with support. iv) Able to make a specific plan using the 5W1H approach. v) Able to utilize the midwifery care criteria/ standard midwifery plan.	i) Able to set goals according to the needs of the pregnant/ puerperant women and the newborns. ii) Able to make a consistent plan in terms of the conditions of the pregnant/ puerperant women and the newborns, the list of their problems, and the goals. iii) Able to make a specific plan using the 5W1H approach. iv) Able to make a midwifery plan with the participation of the pregnant/puerperant women and their family members with support.	i) Able to make a midwifery plan considering the individuality of the pregnant/ puerperant women and the newborns. ii) Able to assess and revise the formulated midwifery plan. iii) Able to make a midwifery plan with the participation of the pregnant/ puerperant women and their family members.	i) Able to make a midwifery plan considering mental, social, and family conditions of the pregnant/ puerperant women and the newborns. ii) Able to make a plan and revise it depending on the conditions. iii) Able to make a midwifery plan with the participation of the pregnant/ puerperant women and their family members, and revise it. iv) Able to make a plan including the collaboration with other related health/ medical care staff and revise it.	i) Able to make a plan using an appropriate method considering the priorities of the pregnant/ puerperant women and the newborns and their midwifery problems. ii) Able to set appropriate goals (which can be reached/ measured/ assessed) in order to solve the target's problems. iii) Able to play an educational/ instructive role in the process of making a midwifery plan.

		Level Novice	Level I	Level II	Level III	Level IV
	Practice	<ul style="list-style-type: none"> i) Able to explain the midwifery practice without fail before applying the care. ii) Able to carry out the items to be acquired during the novice midwife training. iii) Able to provide the pregnant/ puerperant woman and the newborn with care services according to the midwifery care plan with support. iv) Able to conduct the observations required for treatment and diagnosis and to appropriately report it. v) Able to conduct the indicated tasks correctly and safely following the midwifery care standards and procedures. vi) Able to correctly record the activities carried out following the midwifery recording procedures. vii) Understand how to respond to an emergency. viii) Able to call others for help in an emergency. ix) Able to know what items are required in an emergency and prepare them according to the procedures. x) Able to understand the clinical pathway when using it. 	<ul style="list-style-type: none"> i) Able to explain the midwifery activities without fail before starting it. ii) Able to use the basic midwifery techniques with support. iii) Able to provide the targets with midwifery care safely and surely following the standards and procedures according to the midwifery care plan. iv) Able to make records using correct terms and appropriate expressions following midwifery care standards and procedures. v) Able to provide Basic Life Support and Advanced Life Support in an emergency (including neonatal resuscitation). vi) Able to conduct activities following the clinical pathway when using it. 	<ul style="list-style-type: none"> i) Able to carry out midwifery activities according to the midwifery care plan. ii) Able to provide the necessary care judging conditions and responses of the pregnant/ puerperant women and the newborns. iii) Able to add new items to the plan or revise the plan immediately by recording other new information than the needs and problems recognized at the time. iv) Able to act properly as a member of the team in an emergency. 	<ul style="list-style-type: none"> i) Able to conduct activities according to the plan while monitoring the responses of the pregnant/ puerperant woman and her family members. ii) Able to play a central role in providing care to the pregnant/ puerperant women and newborns in the facility/ department overall. iii) Able to play a central role in an emergency. iv) Able to play an educational/ instructive role in the in-hospital midwifery clinic. v) Able to conduct activities properly in collaboration with other related health/medical care professionals. 	<ul style="list-style-type: none"> i) Able to exercise creativity and innovativeness in providing midwifery activities. ii) Able to provide nursing/midwifery care applying combinations of various approaches. iii) Able to respond to an emergency, and take the leadership. iv) Able to play an educational/ instructive role at all times. v) Able to support the staff playing an educational/ instructive role.
	Evaluation	<ul style="list-style-type: none"> i) Able to accurately report the result of the midwifery care provided by the midwife herself. ii) Able to present questions during her midwifery practice. 	<ul style="list-style-type: none"> i) Able to ask questions regarding her midwifery practice and solve them. ii) Able to assess the midwife's own midwifery practice on a basis with support. iii) Able to revise the plan when there is a continuing problem. iv) Able to record the outline of the performed midwifery practice. 	<ul style="list-style-type: none"> i) Able to assess the result of the midwifery care provided by herself on reasonable grounds. ii) Able to assess the extent to which the goal was achieved, and to revise the plan. iii) Able to explain and record the summary of the care provided by herself. iv) Able to assess the variances when using clinical pathways. 	<ul style="list-style-type: none"> i) Able to assess if the midwifery care provided by herself met the needs of the pregnant/ puerperant woman and the newborn. ii) Able to make self- evaluation concerning whether she is a good role model for junior midwives and students. 	<ul style="list-style-type: none"> i) Able to make qualitative/ quantitative evaluation of the midwifery care provided by herself. ii) Able to evaluate the midwifery care provided by other staff and give guidance.

		Level Novice	Level I	Level II	Level III	Level IV	
Professional autonomy	Education	Education/guidance	<ul style="list-style-type: none"> i) Able to understand the meaning of the continuing educational program. ii) Able to proactively participate in internal and external training and study meetings that suit the midwife's level. 	<ul style="list-style-type: none"> i) Able to autonomously participate in the continuing educational program. ii) Able to proactively participate in internal and external training and study meetings that suit the midwife's level. iii) Able to provide health guidance to low-risk targets with support (individuals and small groups). iv) Able to understand basic matters concerning education and guidance. 	<ul style="list-style-type: none"> i) Able to autonomously participate in the continuing educational program and internal and external training with purpose. ii) Able to participate in education and guidance at the facility (guidance to new midwives, junior midwives, and students) iii) Able to provide health guidance to low-risk targets (individuals and small groups). iv) Able to understand evaluation in education. 	<ul style="list-style-type: none"> i) Able to play a central role in guidance to junior midwives and students. ii) Able to play a central role in study meetings in the ward. iii) Able to participate in planning and operation concerning education (to junior midwives and students) in the facility. iv) Able to understand basic matters concerning the progress of adult learning. v) Able to provide health guidance to all targets. 	<ul style="list-style-type: none"> i) Able to participate in internal and external continuing educational programs and training in a planned manner, based on the midwife's own career and specialty. ii) Able to play a central role in the planning and operation of education (to junior midwives and students) in the facility. iii) Able to undertake planning and operation considering collaboration with other departments in ii). iv) Able to attain the targets of the ward, able to support specific actions by junior midwives. v) Able to utilize knowledge concerning education, able to help junior midwives exercise their abilities. vi) Able to play educational and instructive roles in health guidance.
		Self-development	<ul style="list-style-type: none"> i) Able to review and sort out everyday behavior. ii) Able to openly accept advice from others. iii) Able to identify the midwife's own learning requirements based on self-evaluation and evaluation by others with support. iv) Able to collect necessary information and act toward the resolution of problems .with support, v) Able to utilize learning in midwifery practice of the midwife's own with support. 	<ul style="list-style-type: none"> i) Able to identify the midwife's own learning requirements based on self-evaluation and evaluation by others. ii) Able to collect necessary information and act toward the resolution of problems. iii) Able to utilize learning in midwifery practice of the midwife's own. 	<ul style="list-style-type: none"> i) Able to clarify the midwife's own requirements. ii) Able to autonomously collect necessary information and act toward the resolution of problems. iii) Able to utilize learning in the midwifery practice of the midwife's own and in the facility. 	<ul style="list-style-type: none"> i) Able to participate in internal and external continuing educational programs and training in a planned manner based on the midwife's own career and specialty,. ii) Able to clarify and tackle the midwife's own requirements to enhance her specialty. iii) Able to utilize achievements through such requirements in practice. 	<ul style="list-style-type: none"> i) Able to formulate the midwife's own career plan (education, management and practice). ii) Able to formulate and take specific steps for implementing the plan.
	Research	<ul style="list-style-type: none"> i) Able to participate in internal and external research presentation meetings, and find interest in research activities. 	<ul style="list-style-type: none"> i) Able to examine the reasons for everyday actions. ii) Able to participate in internal and external research presentation meetings in accordance with the midwife's own interest. 	<ul style="list-style-type: none"> i) Able to find out researchable questions in everyday practice. ii) Able to participate in research as a member of research. 	<ul style="list-style-type: none"> i) Able to plan a research initiative and promote it together with staff. ii) Able to present the results of a research initiative. 	<ul style="list-style-type: none"> i) Able to apply the results of a research initiative in clinical practice. ii) Able to promote a research initiative, and disseminate the results internally and externally. 	

		Level Novice	Level I	Level II	Level III	Level IV
	Communication (interpersonal relationship)	<ul style="list-style-type: none"> i) Able to take efforts to identify the needs of the care target from physical, psychological and social perspectives. ii) Able to respect the care target as a person, and listen to and empathize with the person (with smiles, greetings, self-introduction, appropriate language, keeping promises, etc.). iii) Able to take efforts to recognize that the midwifery service should start with the care target, and treat her accordingly. iv) Able to understand verbal and non-verbal communication skills. v) Able to provide explanation that satisfies the care target, and obtain her consent with support. vi) Able to strictly protect confidentiality and privacy. vii) Able to take notes and accurately communicate based on 5W1H. 	<ul style="list-style-type: none"> i) Able to identify the needs of the care target from physical, psychological and social perspectives. ii) Able to recognize that the midwifery service should start with the care target, and treat her accordingly (taking efforts to avoid starting with the midwife's own busy schedule and operations). iii) Able to apply verbal and non-verbal communication skills. iv) Able to provide explanation that satisfies the care target, and obtain her consent. 	<ul style="list-style-type: none"> i) Able to identify and understand potential needs and problems based on the behavior of pregnant, puerperal and postpartum women. ii) Able to autonomously provide explanation that satisfies the care target and her family, and obtain their consent When a midwifery plan is modified or added. 	<ul style="list-style-type: none"> i) Able to act while forecasting how it may affect others. ii) Able to notice and accept changes in the reaction of pregnant, puerperal and postpartum women and their families. iii) Able to take assertive communication in accordance with the situation. iv) Also able to maintain favorable relationship with other related professionals. 	<ul style="list-style-type: none"> i) Able to establish a better partnership with the care target and her family. ii) Able to identify the response of the care target and her family, and the surrounding conditions, and to take appropriate communication with respect to the care target and her family while providing direct midwifery care. iii) Able to play an educational and instructive role concerning communication.
	Ethics Sociability	<ul style="list-style-type: none"> i) Able to understand the code of practice, and comply with it at work (e.g. refrain from coming late, leaving early, or unauthorized absence). ii) Able to be capable of prompt reporting, notification and consultation, based on specified rules. iii) Able to understand that the midwife must be responsible for her own actions speech and behavior, as a working person and midwife. iv) Able to recognize the necessity of her own health management as a midwife, and act accordingly. v) Able to have the identity as a midwife, and understands and practices the specialty and autonomy as one. 			<ul style="list-style-type: none"> i) Able to understand the code of practice, and guides staff to comply with it at work (e.g. refrain from coming late, leaving early, or unauthorized absence). ii) Able to guide staff for prompt reporting, notification and consultation, based on specified rules. iii) Able to guide the entire staff to maintain adequate appearance. iv) Able to guide staff to take responsible actions as working persons and as team members. 	<ul style="list-style-type: none"> i) Able to recognize the importance of the code of practice, practices it, and guide junior midwives based on it.

			Level Novice	Level I	Level II	Level III	Level IV
		Midwifery ethics	i) Able to understand the ICM Code of Ethics for Midwives, ICN Code of Ethics for Nurses, and JNA Code of Ethics for Nurses. ii) Able to recognize the bioethics related to midwifery operations. iii) Able to have awareness as a professional and acts based on ethics.	i) Able to understand the ICM Code of Ethics for Midwives, ICN Code of Ethics for Nurses, and JNA Code of Ethics for Nurses, in association with everyday midwifery practice. ii) Able to understand ethical principles. iii) Able to understand that midwifery practice must be based on the legal ground.	i) Able to understand the values of the pregnant, puerperal and postpartum women and their families. ii) Able to understand the importance of respecting diverse and mutual values, and acts accordingly. iii) Able to be capable of practice based on the legal ground with support.	i) Able to participate in the process of ethical decision-making. ii) Able to understand the viewpoints of the care target and her family, and provide necessary information and other support in doing i). iii) Able to act toward the optimal selection, through dialog with the care target, her family and other related professionals with respect to ethical requirements,. iv) Able to be capable of practice based on the legal ground. v) Able to understand and fulfill the legal responsibility of midwives and nurses in guidance to students and exercise of trainees.	i) Able to function as a coordinator in the ethical decision-making process. ii) Able to take actions for enhancing the ethical understanding of the department. iii) Able to play an educational and instructive role concerning the legal ground in guidance to students and exercise of trainees.

		Level Novice	Level I	Level II	Level III	Level IV
Management	Safety	<p>Safety management and assurance</p> <ul style="list-style-type: none"> i) Able to understand the medical safety management system in the facility. ii) Able to promptly report an incident or accident. iii) Able to review the process of an incident or accident with support. iv) Able to know how to report and record an incident or accident. v) Able to predict and take measures against an accident that may occur in perinatal care (e.g. mistaking a newborn as another, abduction of a newborn, suffocation, fall or drop, burn, theft) with support. vi) Able to handle medical devices and instruments in accordance with the rules adequately. vii) Able to understand and implement the basic rules for providing drugs. <p>Prevention of infection</p> <ul style="list-style-type: none"> i) Able to understand the infection prevention and management system in the facility. ii) Able to act in accordance with understanding of i) (e.g. standard precautions, selecting necessary protective equipment, hygienic hand washing, aseptic manipulation, separating clean items from dirty items, adequately handling medical waste based on the relevant code). <p>Disaster and disaster preparedness management</p> <ul style="list-style-type: none"> i) Able to understand the disaster and accident management system in the facility. ii) Able to know the management system in the department (firefighting equipment, evaluation routes). iii) Able to take everyday actions based on (ii) (e.g. locking the ward entrance, checking visitors). iv) Able to know early response in the event of disaster. v) Able to act according to iv) under instructions in the event of disaster. vi) Able to participate in periodic disaster drills. <p>Information management</p> <ul style="list-style-type: none"> i) Able to understand the information management system in the facility. ii) Able to act based on i) (e.g. handling records, PCs, passwords and patient information). 	<p>Safety management and assurance</p> <ul style="list-style-type: none"> i) Able to review the process of an incident or accident. ii) Able to learn lessons for the future from an incident or accident with support, iii) Able to predict and take measures against an accident that may occur in perinatal care (e.g. mistaking a newborn as another, abduction of a newborn, suffocation, fall or drop, burn, theft). iv) Able to make decision and act with priority on the life of the care target when an accident occurs. <p>Prevention of infection</p> <ul style="list-style-type: none"> i) Able to act in accordance with the facility's system. <p>Disaster and disaster preparedness management</p> <ul style="list-style-type: none"> i) Able to autonomously take early response in the event of disaster. <p>Information management</p> <ul style="list-style-type: none"> i) Able to act in accordance with the facility's system. 	<ul style="list-style-type: none"> i) Able to mind and adjust safety in the care environment always. ii) Able to play a central role in measures against accidents and incidents, infection prevention, and disaster preparedness. iii) Able to take measures to establish a workplace environment that assures the safety of staff. iv) Able to adjust the workplace environment to ensure the safe handling of medical devices. v) Able to find interest in laws and regulations concerning equipment and medical materials (e.g. Product Liability Act). 	<ul style="list-style-type: none"> i) Able to mind safety in the care environment, and provide relevant advice to junior midwives always. ii) Able to identify problems in the nursing unit based on incident/accident reports. iii) Able to formulate solutions together with the manager/supervisor in response to problems identified in ii). iv) Able to take improvement measures, and evaluate and incorporate the results thereof. 	
	Economy	<ul style="list-style-type: none"> i) Able to appropriately select, prepare and use goods, taking into account cost effectiveness with support. ii) Able to appropriately use goods, taking into account burden on the care target With support. iii) Able to consider how to allocate time with support. 	<ul style="list-style-type: none"> i) Able to appropriately select, prepare and use goods, taking into account cost effectiveness. ii) Able to appropriately use goods, taking into account burden on the care target. iii) Able to provide necessary midwifery care within specified time with support. 	<ul style="list-style-type: none"> i) Able to appropriately select, prepare and use goods, taking into account cost effectiveness, and with the midwife's own ideas for improvement. ii) Able to appropriately use goods, taking into account burden on the care target, listening to the target, and with the midwife's own ideas for improvement. iii) Able to provide necessary midwifery care within specified time, and make necessary adjustments. 	<ul style="list-style-type: none"> i) Able to understand the logistics system in the facility. ii) Able to find interest in the medical fee system and other medical policies. 	<ul style="list-style-type: none"> i) Able to be capable of proactive goods management in the department. ii) Able to understand the flow of budget in the nursing unit. iii) Able to understand the medical fee system.

			Level Novice	Level I	Level II	Level III	Level IV
		Leadership	<ul style="list-style-type: none"> i) Able to understand the philosophies of the facility and of the nursing department. ii) Able to understand the organization and functions of the facility and of the nursing department. iii) Able to understand the midwife's role as a member of team approach, and collaborates accordingly (capable of reporting, notification and consultation, and able to report accurate facts). iv) Able to take communication with colleagues and other related professionals. 	<ul style="list-style-type: none"> i) Able to understand the philosophies of the facility and of the nursing department, and acts accordingly. ii) Able to understand the organization and functions of the facility and of the nursing department, and acts accordingly. iii) Able to understand the midwife's role as a member of team approach, and collaborates accordingly (capable of reporting, notification and consultation, and able to report accurate facts). iv) Able to take necessary communication with colleagues and other related professionals. v) Able to understand different ways of thinking by job type. vi) Able to understand the role of leader. 	<ul style="list-style-type: none"> i) Able to act adequately toward better teamwork. ii) Able to understand the concept of leadership. iii) Able to provide instructions to team members to enable the efficient and effective operations of the midwifery team. 	<ul style="list-style-type: none"> i) Able to exercise a coordinating function in midwifery operations. ii) Able to collaborate and coordinate with other departments. iii) Able to provide consultation and support to junior midwives. 	<ul style="list-style-type: none"> i) Able to promote activities toward the goals of the nursing department/unit. ii) Able to promote committees, assignments and meetings in the nursing unit. iii) Able to take a leading position in the improvement of operations at the nursing unit. iv) Able to function as a liaison between junior midwives and the head nurse or the supervisor. v) Able to distinguish decisions that can be made by herself from those that cannot.

Chapter 3 | Educational Programs Based on the CLoCMiP

1

Educational items that correspond to the CLoCMiP from Level Novice to Level IV

Regardless of the size and characteristics of the facility, it is required to implement educational programs linked to the clinical ladder, for individual midwives to attain the goals specified for each level. **Table 3-1**, “List of Training Items That Correspond to Each Level” provides an overview of educational items required to develop the abilities specified as goals.

In the List of Educational Items That Correspond to Each Level, the horizontal axis indicates the development stages from Level Novice to Level IV, while the vertical axis lists goals, together with knowledge and skills required for midwifery practice. Users can check knowledge and skills required for a given level by reading the table vertically in the relevant development stage. They can also confirm how a given ability for midwifery practice can be accumulated through learning by reading the table horizontally along that ability.

Knowledge and skills required for midwifery practice are categorized into ‘ethical understanding’, ‘maternity care ability’, and ‘professional autonomy’, and required educational items are listed for each category.

2

Educational Programs that correspond to each level of the CLoCMiP

We have prepared educational programs linked with the clinical ladder, respectively from Level Novice to Level IV (**Tables 3-2 to 3-6**). For ‘ethical understanding’, ‘maternity care ability’, and ‘professional autonomy’, the tables indicate specific educational methods, educational items, and evaluation points to reach the educational goal (targets of the ladder).

Table 3-1 List of Educational Items That Correspond to Each Level

		Level Novice	Level I	Level II	Level III	Level IV
Goals		1. Able to provide midwifery care safely and surely in accordance with instructions, the procedure, and the guideline.	1. Able to provide midwifery care safely and surely, having acquired knowledge, skills, and a proper attitude to assist healthy living. 2. Able to understand operations of the in-hospital midwifery clinic and the in-hospital midwifery care unit. 3. Able to understand the pathological conditions of high risk patients and how to handle them.	1. Able to provide individualized care based on the midwifery process. 2. Able to provide care in the in-hospital midwifery clinic with support. 3. Able to provide midwifery care together with the senior midwives in the in-hospital care unit. 4. Able to judge whether the symptom is high or low risk and provide the initial intervention.	1. Able to responsibly provide midwifery care for the pregnant/ puerperant woman and the newborn throughout the hospitalization period. 2. Able to autonomously provide individualized care in the in-hospital midwifery clinic. 3. Able to play an instructive role in the in-hospital midwifery clinic. 4. Able to autonomously provide care in the in-hospital care unit. 5. Able to detect transition from low risk to high risk symptoms in the early stage and to intervene when necessary.	1. Able to provide creative midwifery care. 2. Able to play an instructive role in the in-hospital midwifery clinic. 3. Able to play an instructive role in the in-hospital midwifery care unit. 4. Able to provide educational communication to staff in both low and high-risk cases.
Knowledge and skills required for midwifery practice	Ethical understandings Caring attitude	- What is caring? (Understand key theories)		• Midwifery practice and caring (Apply theories to practice)	• Review oneself (OJT) • Perform self-evaluation concerning your attitude as a midwife, reviewing specific cases of care. • Share the cases by several persons, and exchange opinions.	
	Maternity care ability Practical midwifery ability (Diagnosis and care during the pregnancy, delivery, postpartum and newborn periods; Viewpoints for considerations during the delivery period)	<p>For the evaluation of maternity care ability (practical midwifery ability), self-check should be performed based on the Training Guidelines for Newly Graduated Midwives (Table 3-7) for Level Novice, and based on the checklist in the Evaluation of the Quality of Midwifery Care at Medical Facilities, 2nd Edition (Japanese Nursing Association) (Table 3-8) for Levels I to III. The manager should confirm the results of the self-check.</p>		<ul style="list-style-type: none"> • Psychology of low-risk to high-risk women in the pregnancy, delivery and postpartum periods <ul style="list-style-type: none"> • Course of and care for normal pregnancy, delivery and postpartum periods • High-risk pregnancy, delivery, puerperal and postpartum: Pathological conditions and care for major diseases (threatened miscarriage/premature labor, PIH, placenta previa, multiple pregnancies, GDM, FGR) <ul style="list-style-type: none"> • Anatomical and physiological characteristics of newborns and appropriate care <ul style="list-style-type: none"> • Characteristics of and care to high-risk newborns <ul style="list-style-type: none"> • Care to the families of high-risk newborns • Midwifery records: Basic recording principles, the significance and approach of family-participative records, etc. <ul style="list-style-type: none"> • Reading heartbeat monitoring of fetuses (basic/applied) <ul style="list-style-type: none"> • How to read laboratory data • Clinical pharmacology (including labor inducing drugs) <ul style="list-style-type: none"> • Breastfeeding 	<p>[Knowledge part]</p> <ul style="list-style-type: none"> • Criteria for selecting targets for the in-hospital midwifery care unit • Determination of deviation from the criteria for in-hospital midwifery care targets during hospitalization for delivery • Guidance concerning assessment and planning <p>[Practice part]</p> <ul style="list-style-type: none"> • NCPR (B course): Hold periodic training <ul style="list-style-type: none"> • Maternity emergency care <ul style="list-style-type: none"> • Intravenous injection • Delivery in a non-supine position 	

		Level Novice	Level I	Level II	Level III	Level IV	
Professional autonomy	Conditions for accomplishment	Delivery assistance → At least 100 cases of delivery assistance Health checkup for newborns → At least 100 cases of health checkup for newborns Health checkup in the pregnancy period → At least 200 cases of health checkup in the pregnancy period Health checkup in the postpartum period → At least 200 health checkup in the postpartum period Primary (the pregnancy, delivery and postpartum period) case → At least 20 cases of primary (the pregnancy, delivery and postpartum periods) case Group guidance (including small-group guidance) → Able to practice / Able to guide Mother's class / parents' class → Able to practice / Able to guide Emergency response (BLS, massive bleeding, etc.) → Able to practice / Able to guide [Mandatory training] NCPR (B Course) → Completed CTG → Completed Physical assessment → Completed Transfusion pump → Completed Midwifery records → Completed					
	Education	Education /guidance	Continuing education and post-graduation education for midwives	Education and guidance (guidance to patients and small-group education)	Education and guidance (educating to staff)	Education and guidance (training evaluation)	Education and guidance (case studies)
		Self-development	Career paths / clinical ladder	Career counseling	Career counseling	Career counseling	
	Research	<ul style="list-style-type: none"> Information concerning internal and external academic conferences and study meetings Information concerning research activities in the department 	<ul style="list-style-type: none"> Significance of research in the clinical practice Methods for nursing research (basics: literature retrieval (including implementation) and utilization, data collecting and analysis methods, etc.) 	<ul style="list-style-type: none"> Methods for nursing research (practice) Methods for formulating research plans Participation in academic conferences 	<ul style="list-style-type: none"> Preparing research plans Presentations Making presentations at academic conferences 		
	Communication (interpersonal relationship)	<ul style="list-style-type: none"> Examination of assigned cases from delivery assistance to hospitalization and health checkup one month after childbirth, and OJT Communication at the time of emergency 	<ul style="list-style-type: none"> Examination of continuing assigned cases from the pregnancy period to the health checkup one month after childbirth, and OJT 	<ul style="list-style-type: none"> Formulating plans for high-risk pregnancy, delivery and postpartum, and providing care 	<ul style="list-style-type: none"> Continuing assignment from the early to medium stages of pregnancy, through to the health checkup one month after childbirth Central role in communication at the time of emergency 	<ul style="list-style-type: none"> Case examination based on continuing assigned cases from the early to medium stages of pregnancy, through to the health checkup one month after childbirth, and OJT Central role in communication at the time of emergency Guidance in case examination 	
	Ethics	Sociability	<ul style="list-style-type: none"> Manners (appearance) Code of practice 	<ul style="list-style-type: none"> Manners (OJT) 			
		Midwifery ethics	<ul style="list-style-type: none"> ICM -Code of Ethics for Midwives JNA -Code of Ethics for Nurses 	<ul style="list-style-type: none"> Ethical principles 	<ul style="list-style-type: none"> Bioethics 	<ul style="list-style-type: none"> Ethical decision-making (subjects) Case studies 	<ul style="list-style-type: none"> Ethical decision-making (medical service team) Case studies

		Level Novice	Level I	Level II	Level III	Level IV
Control (Management)	Safety	<ul style="list-style-type: none"> • Laws applicable to midwives • Obstetric medical compensation system • Liability insurance for nursing professionals • Utilization of various guidelines • Basics of risk management • Basic knowledge of infection (including maternal infection) • Basic knowledge for disaster preparedness • Information management (information management rules in the facility, handling of medical information, information provision to service targets, etc.) 	<ul style="list-style-type: none"> • Basic actions to prevent infection • Disaster preparedness (OJT) • Drug management (including the management of poisons, dangerous drugs, narcotics, and blood products) 	<ul style="list-style-type: none"> • Methods for analyzing incidents and accidents • Prevention of infection (OJT) • Disaster preparedness (OJT) 	<ul style="list-style-type: none"> • Analysis of includes/accidents (examples) • Disaster preparedness (planning, implementation and evaluation of disaster drills) 	<ul style="list-style-type: none"> • Disaster preparedness (planning, implementation and evaluation of theoretical training)
	Economy	Operation management and time management	Goods management and cost management	Medical service systems concerning perinatal care	Health service systems and medical fees in Japan	Midwifery and economy
	Leadership	<ul style="list-style-type: none"> • In-hospital midwifery care system and the roles of midwives • The organization where midwives belong to, its role and medical service systems • Membership • Target-based management • Roles of midwives in the team approach, and preferable collaboration and alignment 	<ul style="list-style-type: none"> • Membership (OJT) 	<ul style="list-style-type: none"> • Leadership • Technologies for problem resolution 	<ul style="list-style-type: none"> • Basics of midwifery management • Leadership in a nursing unit • Management of quality in midwifery care / management of midwifery operations 	<ul style="list-style-type: none"> • Evaluation of quality based on data • Leadership in a medical service team

1 Establishing the environment to support education

For individual midwives to attain the goals of each stage in the clinical ladder, and proceed to a higher level, it is extremely important that the managers of the organization establish an environment to support education, understanding the purpose of the clinical ladder, while midwives improve themselves through learning and the acquisition of skills. Specific measures for establishing such an environment are described below.

(1) Formulating annual educational plans

At a facility that does not have a clear internal educational plan, it is recommended to present an educational program for midwives at the same time as introducing this ladder. Even a facility that already has its educational plan is also recommended to review its existing plan. While the process for formulating educational (training) plans is detailed in Chapter 5, it is expected to be difficult at some facilities that midwives acquire midwifery practice, experience items, and essential training required at Level III of the clinical ladder. In such cases, it is preferable that the facility should group educational items, in advance, into those that are internally available and those that can be outsourced, and indicate the respective groups in the educational plan.

Each facility is requested to present its own educational plan, and to establish an environment to continuously support midwifery education, making use of study meetings, seminars and other opportunities provided by organizations and functional associations that the facility belongs to.

(2) Establishing systems for enhancing midwifery practice

For midwives to acquire practical ability, they must also learn through experience, apart from participation in training sessions as described above. To enhance opportunities for learning through experience, it is important that the managers of the facility establish systems for collaboration and cooperation both internally and externally.

Specific measures include the integration of the outpatient unit with the inpatient ward. When nursing units are divided respectively or partially for pregnancy, delivery, postpartum and newborn, opportunities are increased for midwives to experience care in the pregnancy, postpartum, and newborn periods in a more consecutive manner, by streamlining rotation and information exchange among the stages. Strengths of each facility should be bolstered by enhancing collaboration among local facilities, and establishing short- to long-term training and expatriation systems.

In this way, each facility can make up for the areas that are difficult for midwives to accumulate experience. At the same time, this also enhances collaboration between inside and outside the facility in training as mentioned above.

(3) Identifying and supporting the targets of individual midwives

Individual midwives should formulate specific action plans concerning learning items and the acquisition of skills toward the goals they would like to attain in the present ladder level, and have an initial interview with their manager, as part of the annual goal management (see Q3, Chapter 6). The manager should confirm that the individually presented goals are aligned with the attainment of the present ladder level, provide advice, and support the midwife to proceed as planned.

During an interim interview, each midwife should update the manager on the implementation of their plan and progress to date, for evaluation by the manager. The midwife should modify the goals when necessary, and continue to proactively strive for attaining goals in the second half. At the end of the term, the midwife should have an interview with the manager concerning efforts throughout the year for evaluation, and clarify requirements for the next business year.

Daily midwifery practice should be recorded in the experience log (e.g. delivery assistance, checkup of pregnant women). The midwife should also archive checklists concerning education, review of cases, reports, certificates of participation in academic conferences and seminars, certificates of training, certificates of qualification, etc. in the portfolio, and utilize them for evaluation and during interviews.

(4) Presenting opportunities for learning

While identifying the ladder level and interest of each midwife, and presenting information concerning suitable internal and external study meetings, it is also critical to encourage all midwives to participate in such sessions, in an impartial manner.

2 Methods for education

Methods for education include “lecture”, “exercise”, “simulation”, “OJT”, and “review.” Lecture is effective when the acquisition of knowledge is required. Exercise is effective for acquiring skills, and simulation is effective for training aimed at practice. OJT can be used when it is effective to learn through experience, and review can be utilized for the education of professional autonomy. In this way, methods should be selected according to the educational item.

Efficient and effective education becomes possible by holding sessions where midwives of different ladder levels can learn at the same time (e.g. a simulated training with Level I midwives as puerperal woman, Level II as midwives, and Level III as leaders).

When a facility formulates its educational plan, the plan should be based on the assessment concerning items that are internally available and those that are difficult to implement. To cover all necessary items, it is also possible to utilize collaboration among several facilities, temporary transfer systems, and external training (see Chapter 5).

3 Evaluation of education

The evaluation of education is aimed at assessing the effect of education, and reviewing and improving the educational plan. Therefore, evaluation should be conducted based on the educational goal (targets in the ladder). Care must be taken to avoid common confusion with the comprehensive evaluation of the clinical ladder for each midwife (see page 60).

Methods for evaluation include “test”, “skill check”, “report”, “review”, and “portfolio.” It is possible to evaluate several items at the same time. Conduct a test for educational items that require the secure acquisition of knowledge or practical skills (e.g. reading CTGs). Implement a test or skill check to evaluate skill exercise. Perform a review based on prepared reports to evaluate specific points in OJT.

Based on the results of evaluation, it also becomes necessary to modify the educational plan and/or to supplement educational items in underdeveloped areas.

For the evaluation of ‘Maternity care ability’, each midwife should perform self-check in accordance with the checklist provided in the “Training Guidelines for Newly Graduated Midwives”, Japanese Nursing Association (**Table 3-7**) for Level Novice, and according to the checklist in the “Evaluation of the Quality of Midwifery Care at Medical Facilities, 2nd Edition”, Japanese Nursing Association (**Table 3-8**) for Levels I through III. The manager of the midwife should confirm the results of the self-check.

Chapter 4 | Comprehensive Evaluation of the CLoCMiP

1

What is the comprehensive evaluation of the CLoCMiP?

Chapter 3 detailed educational programs for midwives to proceed to higher levels as professionals, and also indicated the necessity and details of careful evaluation concerning the incorporation of educational items into everyday midwifery practice. Chapter 4 describes “comprehensive evaluation” for confirming and sharing that midwives have attained their goals and cleared each ladder level, through learning and experience accumulated along the educational program. The following sections indicate who conducts comprehensive evaluation, time for evaluation, methods for evaluation, tools to be utilized, and other details.

1 Purpose of evaluation

“Evaluation” in this chapter means to evaluate the attainment of each level in the clinical ladder.

Based on the acquisition of abilities and the attainment of goals specified for each level of the clinical ladder, progress in the knowledge and skills of the midwife to be evaluated should be confirmed, and the midwife, a third person, and the manager should mutually share the accomplishment level based on objective indicators. Evaluation also helps the midwife to be evaluated formulate a specific action plan toward the next challenges.

2 Time for evaluation

The time for evaluation differs by the ladder level (recommended times are indicated on the right).

Recommended times for evaluation

- 1) In Level Novice, evaluation is recommended at the time of employment, and three months, six months, nine months, and eleven or twelve months after employment.
 - Evaluation at the time of employment is aimed at identifying the readiness of each midwife.
 - By identifying and sharing progress in detail over the first year, clarify the targets of each midwife to proceed to higher levels.
 - Conduct annual evaluation at the end of the business year, to confirm that each midwife has attained the targets in Level Novice, and share that they should proceed to challenges in Level I.
- 2) In Level I, interim evaluation should be conducted in around September, and annual evaluation at the end of the business year.
 - Each midwife to be evaluated should understand how to utilize the clinical ladder, and undertake planning, practice and evaluation along their targets.
- 3) In Levels II, III and IV, annual evaluation should be conducted at the end of the business year.
 - Clarify progress in the attainment of goals based on the annual performance. The midwife to be evaluated should specify next challenges, and share them with the manager and other related persons.

In Level Novice, evaluation should be conducted in a focused manner at adequately short intervals. As the midwife proceeds to higher levels, the frequency of evaluation may be reduced to once or twice a year.

3 Evaluators

It is important to maintain objectivity by more than one person evaluating each midwife. This requires two points: 1) that the midwife to be evaluated should also perform self-evaluation, and 2) that a person who is able to adequately evaluate the targeted practice should undertake evaluation by a third person.

Refer to notes on the right for evaluation by a third person and evaluation by the manager. It is also suitable to determine primary persons in charge for each category ('ethical understanding', 'maternity care ability', and 'professional autonomy'), specifying who should primarily evaluate each item in the clinical ladder. The conditions, educational systems and other factors of each facility should also be taken into account in the determination of evaluators.

Notes about evaluators

- 1) "A third person" should be:
 - A person who is requested by the midwife to be evaluated;
 - A person who can directly observe nursing practice by the midwife to be evaluated;
 - A colleague, a more experienced midwife, or a less experienced midwife around the midwife to be evaluated; or
 - In Level Novice or Level I, a trainer, preceptor or the like who well understands the midwife to be evaluated and who can observe midwifery work by the midwife, or a person who is in a position to guide the midwife to be evaluated.
- 2) "The manager" should be:
 - The head nurse; or
 - The deputy head nurse, a chief, a nurse in charge of educating or the like who is regarded as adequate for evaluation by the head nurse.

4 Duration of an evaluation session and required preparations

The preferable duration of an interview session for evaluation is approximately 30 minutes. Evaluation may be completed in a day, or last two or three days. When an evaluation session takes more than one day, items to be evaluated should be divided and handled in a planned manner.

To ensure that adequate evaluation should be performed based on the clinical ladder, the date and time for the evaluation session should be adjusted at least two days beforehand, so that the midwife to be evaluated, the third person and the manager can make necessary preparations. The midwife to be evaluated should be notified of persons who will participate in the evaluation session.

5 Place for the evaluation session

For entering the checklist or holding an interview, select a place (private room) where privacy can be protected. A similar place should also be selected when a third person or the manager collects information concerning the practical level of operating knowledge and skills of the midwife to be evaluated, from the preceptor, trainer, etc.

To enable the evaluation of knowledge, skills and determination in daily midwifery operations, the third person and the manager must intentionally observe the conditions of practice, the level of autonomy in actions, and other factors of the midwife to be evaluated.

6 Evaluation tools

Use 1) to 3) below as evaluation tools. In Level Novice, 4) should also be utilized. When all facilities utilize these tools, more objective evaluation becomes possible from a standardized perspective, and the recognition of each level can be integrated across facilities.

- 1) Comprehensive Evaluation Sheet (**Table 4-1**)
- 2) Educating programs that correspond to each level of the clinical ladder (Chapter 3, **Tables 3-2 through 3-6**)
- 3) Evaluation of the Quality of Midwifery Care at Medical Facilities, 2nd Edition (Chapter 3, **Table 3-8**)
- 4) Training Guidelines for Newly Graduated Midwives (Chapter 3, **Table 3-7**)

There also exist tools that are created at each facility for training their employees. It is necessary that each facility should also utilize such tools, and play its role based on the characteristics of the facility.

Examples of other evaluation tools are listed on the right.

7 Methods for evaluation

Methods for evaluation include “submission of reports”, “review at operations and actions”, “participative observation”. Appropriate methods should be selected and used in accordance with the conditions.

It is preferable that an interview session is held as part of evaluation at the end of the business year, where the midwife to be evaluated can exchange views with the third person and the manager, so that evaluation can be performed with mutual understanding and satisfaction.

To evaluate the autonomy of the midwife in everyday operations in Level Novice and Level I, “review at operations and actions” and “participative observation” should be utilized. “Participative observation” signifies evaluation through the observation of the midwife’s actions in everyday operations. It is also possible that the third person and the manager perform evaluation based on information collected from persons who relate with or adequately observe the midwife to be evaluated.

To confirm development methods in the midwifery process as part of ‘Maternity care ability’ in the clinical ladder, the scope of evaluation should include case studies, case reports and other reports.

- Examples of tools that can be utilized for evaluation
 - ICM Code of Ethics for Midwives; Code of Ethics for Nurses
 - Philosophy of the facility (hospital); philosophy of the nursing department; declaration on the rights of patients, etc.
 - HR information (portfolio, etc.)
 - Educating information
 - Materials that indicate the status of participation in training (certificates of training, certificates of completion, etc.)
 - OJT checklist
 - Target management sheet
 - Midwifery operating standard, midwifery standard, midwifery protocol, midwifery recording standard
 - Code of practice, employment regulations
 - Accident/incident reports
 - Case reports
 - Midwifery plans formulated by the midwife to be evaluated
 - Research presentations, publications and papers
 - Qualifications (NCPR, aroma therapy, maternity yoga, etc.)
- And other evaluation tools that suit the conditions of the facility

Table 4-1 Comprehensive Evaluation Sheet

		Level Novice	Level I	Level II	Level III	Level IV
Ethical understanding	[Caring] Evaluation criteria	<ul style="list-style-type: none"> • Caring attitude is a common attitude and essential ability for all items under maternity care ability and professional autonomy. • In comprehensive evaluation, evaluate this item not by caring itself, but based on the incorporation of caring attitude in everyday midwifery practice. 				
	A					
	B					
	C					
	D					
Maternity care ability	[Practical midwifery ability] Evaluation criteria	<ul style="list-style-type: none"> • Evaluate midwifery care through midwifery practice. • As for practical midwifery ability, look back at the midwifery process, and evaluate remarks made and the details of assessment and planning, based on the formulated midwifery plan, records and other materials. 	<ul style="list-style-type: none"> • Evaluate midwifery care through midwifery practice. • Look back at the midwifery process, and evaluate remarks made and the details of assessment and planning, based on the formulated midwifery plan, records and other materials. Also refer to evaluation by the cared person. 	<ul style="list-style-type: none"> • Evaluate midwifery care through midwifery practice, conference, etc. • Look back at the midwifery process, and evaluate remarks made and the details of assessment and planning, as well as individualized care practice, based on the formulated midwifery plan, records and other materials. Also refer to evaluation by the cared person. 	<ul style="list-style-type: none"> • Evaluate midwifery care through midwifery practice, conference, etc., confirming that care is provided in an individualized and autonomous manner. Also refer to evaluation by the cared person. 	<ul style="list-style-type: none"> • Evaluate midwifery care through midwifery practice, conference, etc., confirming that creative midwifery practice is undertaken. Also refer to evaluation by the cared person.
	A					
	B					
	C					
	D					
Professional autonomy	[Education] Evaluation criteria	<ul style="list-style-type: none"> • Confirm that the status of participation in internal and external seminars and study meetings is suitable for the midwife's level. 	<ul style="list-style-type: none"> • Confirm the status of participation in continuing education programs, and verify the learning status, progress in assignments, and achievements. 	<ul style="list-style-type: none"> • Confirm the status of participation in continuing educational programs, and evaluate the learning status. 	<ul style="list-style-type: none"> • Evaluate whether the midwife is performing the role as a clinical guide to new midwives, junior midwives and students, and whether the midwife utilizes midwifery practice to the midwife's career and contributes to the ward. 	<ul style="list-style-type: none"> • Evaluate whether the midwife effectively incorporates internal education into practice inside and outside the ward, from a leading standpoint including the planning and operation of the training. • Evaluate whether the midwife's self-career planning and specific measures are appropriate.
	A					
	B					
	C					
	D					
	[Research] Evaluation criteria	<ul style="list-style-type: none"> • Confirm the status of participation in internal and external nursing research presentation meetings. 	<ul style="list-style-type: none"> • Confirm that the midwife can state the ground for each everyday action. 	<ul style="list-style-type: none"> • Evaluate whether the midwife can identify and express questions in everyday practice from a researching viewpoint. 	<ul style="list-style-type: none"> • Evaluate whether the midwife has presented the results of a study or research in the hospital. 	<ul style="list-style-type: none"> • Evaluate whether the midwife has encouraged ward staff to apply research results to clinical practice, thereby leading to improvement in

		Level Novice	Level I	Level II	Level III	Level IV
						operations and the resolution of problems.
	A					
	B					
	C					
	D					
	[Communication] Evaluation criteria	<ul style="list-style-type: none"> Evaluate whether the midwife practices actions that respect the dignity of the cared person, through language and attitude in everyday nursing care. 	<ul style="list-style-type: none"> Evaluate whether the midwife practices actions that respect the dignity of the cared person, and utilizes communication skills. 	<ul style="list-style-type: none"> Evaluate whether the midwife adequately understands the needs and problems of the cared person, and utilizes communication skills in explanation to the cared person and the obtainment of the person's consent. 	<ul style="list-style-type: none"> Evaluate whether the midwife appropriately identifies ongoing conditions in the everyday practice of nursing care, and takes assertive response. 	<ul style="list-style-type: none"> Evaluate whether the midwife effectively utilizes communication skills, and maintains favorable relationship with the cared person.
	A					
	B					
	C					
	D					
	[Ethics] Evaluation criteria	<ul style="list-style-type: none"> Evaluate whether the midwife can practice responsible actions as a working person, and perform appropriate reporting, notification and consultation, with the recognition and responsibility as a medical professional. Midwifery ethics is a common mindset for all items under maternity care ability and professional autonomy, and is also essential ability as a professional. In comprehensive evaluation, evaluate this item not by ethics itself, but based on the incorporation of ethical attitude in everyday midwifery practice. 			<ul style="list-style-type: none"> Evaluate whether the midwife understands the necessity of organizational actions and discipline in the workplace, and takes responsible actions. 	
	A					
	B					
	C					
	D					
Management	[Safety] Evaluation criteria	<p>[Safety management]</p> <ul style="list-style-type: none"> Evaluate whether the midwife practices safe midwifery care based on the midwifery standard and the midwifery protocol. Evaluate whether the midwife's indication in the incident report following an incident is appropriate. <p>[Prevention of infection]</p> <ul style="list-style-type: none"> Evaluate whether the midwife's preventive actions against infection are appropriate. <p>[Disaster (prevention) management]</p> <ul style="list-style-type: none"> Evaluate whether disaster (prevention) management and response to disaster by the midwife are appropriate. <p>[Information management]</p> <ul style="list-style-type: none"> Evaluate whether the midwife understands the information management system, and acts in accordance with the system. 	<p>[Safety management]</p> <ul style="list-style-type: none"> Evaluate whether the midwife can review, analyze, and formulate actions for, actual incidents. Evaluate whether the midwife can take appropriate response when an accident occurs. <p>[Prevention of infection]</p> <ul style="list-style-type: none"> Evaluate whether the midwife's preventive actions against infection are appropriate. <p>[Disaster (prevention) management]</p> <ul style="list-style-type: none"> Evaluate the midwife's early response in disaster drills. <p>[Information management]</p>	<ul style="list-style-type: none"> Evaluate whether the midwife practices care from the viewpoint of safety management. Evaluate whether the midwife can play a leading role in safety management. Confirm and evaluate the midwife's understanding of laws and regulations regarding equipment and medical materials (Product Liability Act, etc.). Evaluate the midwife's status of participation in disaster drills, actions in the event of an accident, and understanding of the 	<ul style="list-style-type: none"> Evaluate whether the midwife can play a leading role in safety management. Evaluate whether the midwife plays a leading role, together with the manager, by identifying problems in the workplace, and formulating, disseminating and implementing solutions, when an incident/accident occurs. 	

		Level Novice	Level I	Level II	Level III	Level IV
				<ul style="list-style-type: none"> Evaluate whether the midwife understands the information management system, and acts in accordance with the system. 	midwife's role and responsibility.	
	A					
	B					
	C					
	D					
	[Economy] Evaluation criteria	<ul style="list-style-type: none"> Evaluate whether the midwife acts without causing waste in goods and time. 	<ul style="list-style-type: none"> Evaluate whether the midwife acts without causing waste in goods and time. Evaluate whether the midwife acts considering how to allocate the midwife's work hours. 	<ul style="list-style-type: none"> Evaluate whether the midwife acts without causing waste in goods and time using the midwife's own ideas. Evaluate whether the midwife can undertake midwifery care within the specified time using the midwife's own ideas and adjustments. 	<ul style="list-style-type: none"> Confirm and evaluate that the midwife understands the logistic system of the facility. Confirm and evaluate the midwife's knowledge concerning medical service systems (medical fee system, etc.). 	<ul style="list-style-type: none"> Confirm and evaluate that the midwife takes proactive measures for goods management in the department. Confirm and evaluate that the midwife is seeking to apply, or is applying, knowledge concerning medical service systems (medical fee system, etc.) to the facility.
	A					
	B					
	C					
	D					
	[Leadership] Evaluation criteria	<ul style="list-style-type: none"> Evaluate whether the midwife is collaboratively communicating with colleagues and other professionals. 	<ul style="list-style-type: none"> Evaluate whether the midwife is playing roles as a member of team approach. 	<ul style="list-style-type: none"> Evaluate whether the midwife is exercising leadership to ensure the efficient operations of the nursing team. 	<ul style="list-style-type: none"> Evaluate whether the midwife is efficiently aligning and coordinating with other departments. 	<ul style="list-style-type: none"> Based on the philosophy of the nursing department, evaluate whether the midwife is promoting activities toward the attainment of nursing goals in a leading position, and is incorporating the philosophy into practice.
	A					
	B					
	C					
	D					
Comprehensive evaluation	A					
	B					
	C					
	D					

* Comprehensive evaluation of the clinical ladder: In principle, the same items should be evaluated by the midwife to be evaluated, a third person, and the manager (head nurse).

Guidelines for Applying Clinical Ladder of Competencies for Midwifery Practice (CLoCMiP)

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