

2) Training Resources

2.1 Personnel providing clinical training (*please describe the criteria and preparations for different personnel in separate sheets*)

- (a) No. of clinical teachers (full-time or part-time) _____
- (b) No. of clinical mentors _____
- (c) No. of clinical assessors _____

2.2 Learning resources (*the related documents shall be examined during the on-site visit*)

- (a) Orientation program for students Y / N
- (b) Learning objectives in various training areas Y / N
- (c) Clinical guidelines and protocols in various training areas Y / N
- (d) Clinical learning records/log book Y / N
- (e) Learning resource centre/library Y / N

3) Students' Assessment and Evaluation (*please attach relevant forms/records where appropriate*)

- (a) Clinical Assessment Y / N
- (b) Appraisal / Performance review Y / N
- (c) Student Progress report Y / N
- (d) Others _____ Y / N

Section B – Maternity Unit

1) Clinical Establishment

- (a) Ambulatory Care Centre Y / N
- (e) Clinic : Midwife-led clinic Y / N
 Obstetric clinic Y / N
- (b) Antenatal ward No. of beds _____
- (c) Delivery Suite No. of beds _____
- (d) Postnatal Wards No. of beds _____
- (f) Neonatal Unit : NICU Y / N
 SCBU Y / N

2) **Staff Establishment**

(a) Registered midwives working in the training maternity unit:

Rank	Number
_____	_____
_____	_____
_____	_____

(b) Medical officers working in the training maternity unit:

Rank	Number
_____	_____
_____	_____
_____	_____

3) **Workload Statistics**

- 1) Average daily attendance in clinic: _____
- 2) Total number of Maternity beds (excluding delivery suite): _____
- 3) Average occupancy rate: _____
- 4) Total no. of deliveries in the 12 months preceding the accreditation visit: _____

	Number	Percentage
(a) Normal deliveries	_____	_____
(b) Instrumental deliveries	_____	_____
- Vacuum extraction	_____	_____
- Forceps deliveries	_____	_____
(c) Caesarean section	_____	_____

4) **Service Provision by the Unit**

(a) Midwife-led service/care Y / N

(If yes, please list out the type of service/care provided)

(b) Obstetric service/care *(please list out the special service provided)*

(c) Neonatal care

Care of the normal neonates Y / N

Care of the abnormal neonates Y / N

(If yes, please describe briefly the type of care provided)

(d) Others

5) Professional Training and Development

(a) Does the training unit require the staff to have Post-registration Education in Midwifery (PEM)? Y/N

If yes, please indicate the average PEM points obtained per staff in the last 12 months.

(b) Does the training unit provide continuing midwifery education/in-service training for staff?

Y / N

If yes, please list the programs/courses provided

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