



MINISTRY OF HEALTH MALAYSIA

CREDENTIALING IN PALLIATIVE CARE NURSING

CLINICAL PRACTICE RECORD

PARTICULARS OF APPLICANT

1. NAME:.....
2. IC NO:
3. POSITION AND GRADE:
4. WORKING ADDRESS:
.....
.....
5. DATE OF JOINING DEPARTMENT OF PALLIATIVE CARE:
.....
6. DURATION PREVIOUS EXPERIENCE:
.....
7. YEAR OF PASSING ADVANCE DIPLOMA PALLIATIVE CARE:
.....
8. TRAINING FOR CREDENTIALING:
DATE START:..... DATE END:

I hereby confirm that the above information is true.

Signature: **Date:**

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GENERAL INFORMATION

A. Professional Qualifications in Palliative Care Nursing

Nurses who wish to practice in PC in MOH must be registered with the Malaysian Nursing Board respectively and possess recognized qualification for the application of credentialing in Palliative Care:

- Advance Diploma Palliative Care (ADPC), Ministry of Health of Malaysia.
- Equivalent certification

B. Application Process

1. On completion of the ADPC, the nurses are required to have 2 years experiences in PC unit/setting with assessment of their knowledge and skills in core procedures in Palliative Care. On satisfactorily completion of this period, the nurses may apply for credentialing in Palliative Care
2. The initial application for credentialing shall be obtained by submitting Form Cred 1 (2018) a completed log book and recommendation from the Head of Department to the Credentialing Committee, Ministry of Health of Malaysia. (Refer Appendix 1)
3. The certificate of credential is valid for 3 years, after which an application for renewal must be made to the Credentialing Committee, Ministry of Health of Malaysia, by submitting Form Rcred 1 (2018) and recommendation from the Head of Department. (Refer Appendix 2 & 3).
4. The Credentialing Committee shall have the right to review the credentials at any time before the 3 years period when legitimate and verifiable concerns and complaints are expressed concerning an individual nurse's clinical performance and professional conduct.

C. Clinical competence requirement for credentialing

1. For initial application, the applicant must demonstrate proficiency in the performance of core procedures as listed in this document. Prove of proficiency shall be obtained by but not limited to the following:
 - a. Completion of log book.
 - Assessor of logbook is to be chosen by palliative care specialist
 - b. Recommendation from the Head of Department based on assessment of competencies in performance of required skills and other professional attributes.

2. For renewal of application, the applicant must provide evidence of competencies as but not limited to the below:
 - a. Recommendation from the Head of Department based on assessment of competencies in performance of required skills and other professional attributes.
 - b. Logbook Not required if currently working in Palliative Care Service
 - c. Logbook required if not currently working in Palliative Care Service
3. A credentialing exercise based on recommendation by Head of Department shall be considered for nurses who does not possess ADPC based on following criteria:
 - a. At least 5 years' experience in palliative care in MOH / MOHE as of 1st Jan 2019
 - b. Recommendation by Palliative Head of Department / Unit
 - c. Currently working in Palliative Care Units / Service, MOH / MOHE
 - d. Completion of Logbook

Components In the Clinical Practice Record

The Clinical Practice Record covers the activity of:

- a. Perform – carry out, accomplish, or fulfil (an action, task, or function).

SUMMARY FOR RECOMMENDATION OF CREDENTIALING

CRITERIA	REQUIREMENTS
Basic academic qualification	Recognized Diploma / Degree for Nursing
Common Requirements	<ol style="list-style-type: none"> 1. Recommendation by Palliative Care Head of Department / Unit 2. Palliative Care Consultant Assessment report based on direct observation of core procedures performance and other professional attributes.
With Advanced Diploma in Palliative Care Certification OR Equivalent certification	<p>A. Under direct supervision of a Palliative Care Specialist.</p> <ul style="list-style-type: none"> ● At least 1 years' experience in palliative care unit / service in MOH / MOE. ● Out of the 1 year, a minimum of 6 months must be after completion of certification. <p>B. No direct supervision of a Palliative Care Specialist</p> <ul style="list-style-type: none"> ● At least 2 years' experience post certification in palliative care unit / service in MOH / MOE ● Recommendation by Palliative Specialist in-charge. If no specialist in charged, recommendation can be given after an attachment with a Specialist Palliative Care Unit. Minimum duration of attachment is 1-2 weeks ● Completion of Logbook
No formal certification	<ul style="list-style-type: none"> ● At least 5 years' experience in palliative care in MOH / MOE as of 1st Jan 2019 ● Currently working in Specialist Palliative Care Units / Service, MOH / MOE ● Completion of Logbook ● Completion of a Competency Exam <ul style="list-style-type: none"> ➤ To be conducted by the Sub-Speciality Committee (SSC)

SUMMARY FOR RECOMMENDATION FOR RENEWAL OF CREDENTIALS

CRITERIA	REQUIREMENTS
Renewal certification of credentialing	<ol style="list-style-type: none"> 1. Recommendation by Head of Department 2. Logbook Not required if currently working in Palliative Care Unit / Service 3. Logbook is required if not working in Palliative Care Unit
Had Certified Credentials previously but has LAPSED for 24 months or Greater	A fresh application must be made as in the initial application.

CORE PROCEDURES

PERFORMANCE LOG SHEET OF CORE PROCEDURE

NO.1: GENOGRAM

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO.2: HOLISTIC ASSESSMENT

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 3: ASSESS ECOG/KARNOFSKY PERFORMANCE SCALE

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 4: ORAL CARE

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 5: ABDOMINAL EXAMINATION

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 6: CARE OF PIGTAIL

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 7: STOMA CARE

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 8: RESPIRATORY EXAMINATION

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 9: CARE OF PATIENT IN SEVERE BREATHLESSNESS

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 10: IDENTIFY RESPIRATORY DEPRESSION

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 11: NEUROLOGICAL ASSESSMENT AND EXAMINATION

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 12: SKIN ASSESSMENT AND SKIN CARE

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 13: PER RECTUM EXAMINATION

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 14: MANUAL EVACUATION

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 15: HIGH ENEMA

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 16: WOUND DESLOUGHING / DEBRIDEMENT

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 17: PAIN ASSESSMENT

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 18: OPIOID CALCULATION AND CONVERSION

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 19: ADMINISTRATION OF IMMEDIATE RELEASE (IR) OPIOID

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 20: ADMINISTRATION OF SLOW RELEASE (SR) OPIOID

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 21: ADMINISTRATION OF SUBCUTANEOUS INJECTION

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 22: PREPARATION AND ADMINISTRATION OF OPIOID INFUSION

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 23: PREPARATION AND ADMINISTRATION OF NON-OPIOID DRUG INFUSION

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 24: ADMINISTRATION OF TRANSDERMAL FENTANYL

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 25: ASSESS SEDATION SCORE

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 26: ADMINISTRATION OF BREAKTHROUGH PAIN MEDICATION

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 27: PERFORM SUBCUTANEOUS CANNULA / LINE INSERTION

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 28: PERFORM DYING PATIENT ASSESSMENT

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 29: ADMINISTRATION OF CRISIS MEDICATIONS

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 30: PREPARATION OF DISPOSABLE INFUSION PUMP

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 31: CHECKING AND CALIBRATING SYRINGE DRIVER

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 32: FAMILY CONFERENCE

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVED				
2.		ASSIST				
3.		PERFORM				
4.		PERFORM				
5.		PERFORM				

NO. 33: PSYCHOLOGICAL ASSESSMENT USING PROPER TOOLS (HADS, DASS, DT)

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 34: PREPARATION FOR TERMINAL DISCHARGE

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

NO. 35: PREPARATION FOR HOSPICE REFERRAL

NUM	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

**SUMMARY OF PROGRESS ON CLINICAL PRACTICE RECORDS FOR
PALLIATIVE CARE NURSING**

Name:

No IC:

NO	PROCEDURE	REQUIRED			DONE			REMARKS
		0	A	P	0	A	P	
1.	Genogram	-	-	3				
2.	Holistic assessment	-	-	3				
3.	Assess ECOG/Karnofsky Performance Scale	-	-	3				
4.	Oral care	-	-	3				
5.	Abdominal examination	-	-	3				
6.	Care of pigtail	-	-	3				
7.	Stoma care	-	-	3				
8.	Respiratory examination	-	-	3				
9.	Care of patient in severe breathlessness	-	-	3				
10.	Identify respiratory depression (Opioid induced)	-	-	3				
11.	Neurological assessment and examination	-	-	3				
12.	Skin assessment and skin care	-	-	3				
13.	Per rectum examination	-	-	3				
14.	Manual evacuation of rectum	-	-	3				
15.	High enema	-	-	3				
16.	Wound de-sloughing / debridement	-	-	3				
17.	Pain assessment	-	-	3				
18.	Opioid calculation and conversion	-	-	3				
19.	Administration of immediate release (IR) opioid	-	-	3				
20.	Administration of slow release (SR) opioid	-	-	3				
21.	Administration of sub cutaneous injection	-	-	3				
22.	Preparation and administration of opioid infusion	-	-	3				
23.	Preparation and administration of non-opioid drug infusion	-	-	3				
24.	Administration of transdermal fentanyl	-	-	3				
25.	Assess sedation score	-	-	3				
26.	Administration of breakthrough pain medication	-	-	3				
27.	Perform subcutaneous cannula / line insertion	-	-	3				
28.	Perform dying patient assessment	-	-	3				
29.	Administration of crisis medications	-	-	3				
30.	Preparation of disposable infusion pump	-	-	3				
31.	Checking and calibrating syringe driver	-	-	3				
32.	Family conference	1	1	3				
33.	Psychological assessment using proper tools (HADS, DASS, DT)	-	-	3				
34.	Preparation for terminal discharge	-	-	3				
35.	Preparation for hospice referral	-	-	3				

COMMENTS

Signature of Assessor

Verified by Head of Palliative Department/
Visiting Clinical Specialist

.....
(Name / Stamp)

Date :

.....
(Name / Stamp)

Date: