SENARAI SEMAK PERMOHONAN BAHARU (*CREDENTIALING*) *PERIANAESTHESIA* BAGI PENOLONG PEGAWAI PERUBATAN

Sila tandakan √ jika berkenaan dalam kotak yang disediakan:

Bil.	Maklumat	Tandakan √
1.	Borang permohonan baru ***APPLICATION FOR CREDENTIALING*** **Cred 1- (2018)** diisi dengan lengkap oleh pemohon dan mesti mendapatkan sokongan serta ditandatangan oleh:- a. **Hospital berpakar**: Ketua Jabatan Anestesiologi & Rawatan Rapi. b. **Hospital tanpa pakar**: Pakar Perunding Lawatan Klinikal Anestesiologi.	☐
2.	Ringkasan buku log yang ditandatangan oleh *assessor* dan disahkan oleh:- a. **Hospital berpakar**: Ketua Jabatan Anestesiologi & Rawatan Rapi b. **Hospital tanpa pakar**: Pakar Perunding Lawatan Klinikal Anestesiologi *(Jika Berkaitan -sila rujuk kriteria/ syarat permohonan)**	☐
3.	Salinan Sijil Perlu **Disahkan** Oleh Pegawai Pengurusan & Profesional (U41 ke atas):-	
	3.1 Perakuan Pendaftaran Sebagai Pembantu Perubatan/ Jururawat	☐
	3.2 Perakuan Pendaftaran Tahunan *Annual Practising Certificate* (APC) Jururawat / Penolong Pegawai Perubatan - (APC tahun terkini).*	☐
	3.3 Pos Basik/ Diploma Lanjutan Peri-*anaesthesia Care* @	☐
	3.4 Sijil Lulus Advanced Life Support (ALS) *(Jika tiada pos basik/ diploma lanjutan yang berkaiatan)**	☐
4.	Gambar beruniform berukuran passport.	☐

Borang Permohonan Baru *Credentialing* boleh dimuat turun dari portal KKM: www.moh.gov.my.– *Credentialing Assistant Medical Officer & Nurses*

Alamat untuk menghantar Borang Permohonan :

KETUA PENOLONG PEGAWAI PERUBATAN
CAW. PERKHIDMATAN PENOLONG PEGAWAI PERUBATAN
BAHAGIAN AMALAN PERUBATAN
KEMENTERIAN KESIHATAN MALAYSIA
ARAS 6, BLOK E1, KOMPLEKS E, PERSINT 1
PUSAT PENTADBIRAN KERAJAAN PERSEKUTUAN
62590 PUTRAJAYA

Tel : 03 8883 1370
Faks : 03 8883 1490

Disemak oleh: ……

No. Tel : ……

APPLICATION FOR CREDENTIALING

HOSPITAL: _____

DATE OF APPLICATION: _____

1. PERSONAL DETAILS

Name: ……..……..……..

Identification Card Number: ……..……..……

Area/ Discipline/ Specialty: ……..……..……

Photo

Staff position : Nurse ☐

Assistant Medical Officer ☐

AHP ☐ Please state

……..……..

Telephone Number: Office : …….. Mobile: ……..……

Email Address : ……..……..

N.B Please (/) in the appropriate box

Date of first appointment : ……..,

Duration of service: ……. years

2. PROFESSIONAL QUALIFICATIONS		
Diploma / Degree / Masters/ etc.	University/ College	Year of qualification

(Please attach certified copies of degree /diploma /certificate with the form)

3. POST BASIC TRAINING / RELATED COURSES			
Type of Training	Institution	Duration (month)	Year

(Please attach certified copies of certificates obtained, Please use attachment sheet if space inadequate)

4. WORKING EXPERIENCE (start from the current place of work)			
Discipline	Place	Period (from – till)	Duration

(Use attachment sheet if space inadequate)

5. PROFESSIONAL REGISTRATION
Registered with : …… (example: Lembaga Jururawat Malaysia, Lembaga Pembantu Perubatan Malaysia, Majlis Optik Malaysia) Date of Full Registration with respective professional Board/Council : …….. Current Annual Practicing Certificate No.: ……

(Please attach certified copies of Registration certificate)

6. CREDENTIALING APPLIED

- ☐ Intensive Care Nursing
- ☐ Peri-Operative Care
- ☐ Ophthalmology
- ☐ Emergency Medicine &Trauma Services
- ☐ Dialysis Care ☐ Haemodialysis
  ☐ Peritoneal Dialysis
- ☐ **Anaesthesiology & Intensive Care Services**
  - ☐ i. Anaesthesia
  - ☐ **ii. Peri-anaesthesia**
  - ☐ iii. Intensive Care
- ☐ General Paediatric Nursing
- ☐ Neonatal Nursing
- ☐ Orthopaedic Services
- ☐ Endoscopy Services
- ☐ Peri-Anaesthesia Care (P.A.C)
- ☐ Cardiovascular Perfusion
- ☐ Pre Hospital Care Services
- ☐ Physiotherapy
- ☐ Occupational Therapy
- ☐ Diagnostic Radiography
- ☐ Radiation Therapy
- ☐ Dental Technology
- ☐ Speech Language Therapy
- ☐ Dietetic
- ☐ Audiology
- ☐ Optometry

6.1 Credentialling applied for : ☐ Core Procedures

☐ Specialised Procedures in

a)……..

b)……..

c)……..

☐ Optional Procedures

a) ……...

b) ……...

c) ……..……..

7. PLEASE NAME TWO REFEREES

NAME	POSITION	PLACE OF WORK

I hereby declare that all the information given above are true and correct.

Signature of applicant: ……..…

Date: ……

8.PLEASE COMPLETE THE FOLLOWING ASSESSMENT OF THE APPLICANT'S ETHICAL AND PROFESSIONAL QUALIFICATIONS.
Please (√) at the appropriate box.

	Above Average	Average	Below Average	No knowledge
Clinical knowledge				
Clinical skills				
Professional clinical judgment				
Sense of clinical responsibility				
Ethical conduct				
Cooperativeness, ability to work with others				
Documentation/ medical record timeliness & quality				
Teaching skills				
Compliance with hospital rules & regulation				

9. APPLICANT APPRAISAL (to be filled by Supervisor)

9.1 I have known the applicant for …….…….. (duration)

9.2 I recommend / do not recommend the applicant to be credentialed in the field requested. (delete where applicable)

……. Date : ……..

Signature

Official stamp:

Contact No:

10. APPLICATION APPROVAL (By Head of Department Anaesthesiology/ Visiting Anaesthesiologist)

……..……..is approved/ not approved for submission to the National Credentialing Committee

……. Date : ……..

Signature

Official stamp:

FOR OFFICIAL USE

SPECIALTY SUB-COMMITTEE (SSC) DECISION

Application Approved ☐

For Reassessment* ☐

Application Rejected* ☐

*Reasons:

……..……..……..……..……..……..……..……

……..……..……..……..……..……..……..……

……..……..……..……..……..……..……..……

Specialty Sub-Committee Chairman ……..…… Date…….

Signature

The above decision will be brought to the next NCC meeting for endorsement.

SUMMARY OF ASSISTANT MEDICAL OFFICER PROGRESS ON CLINICAL PRACTICE RECORDS FOR PERIANAESTHESIA

Name : …… **No. I/C :**……

SKILL	CORE PROCEDURES	REQUIRED			DONE			REMARKS
		O	A	P	O	A	P	
1	ASSEMBLE AND DISSASSEMBLE LARYNGOSCOPE	1	1	4				
2	PREPARATION AND HANDLING OF VIDEO ASSISTED LARYNGOSCOPE (VAL)	1	1	4				
3	CLEANING , DECONTAMINATION & STERILIZATION OF BREATHING SYSTEM APPARATUS	1	1	4				
4	PREPARATION FOR INTUBATION	1	1	4				
5	APPLICATION OF CRICOID PRESSURE	1	1	4				
6	PREPARATION OF SUPRAGLOTIC AIRWAY ADJUNCTS	1	1	4				
7	PREPARATION OF DIFFICULT AIRWAY ADJUNCTS	2	2	6				
8	PERFORM ENDOTRACHEAL INTUBATION	2	2	6				
9	PERFORM ENDOTRACHEAL EXTUBATION	2	2	6				
10	PERFORM SUPRAGLOTIC AIRWAY INSERTION	2	2	6				
11	PERFORM SUPRAGLOTIC AIRWAY EXTUBATION	2	2	6				
12	CHECKING AND CALIBRATE ANAESTHETIC MACHINE	2	2	6				
13	IDENTIFY AND TROUBLESHOOT ANAESTHETIC MACHINE	2	2	6				
14	IDENTIFY AND TROUBLESHOOT MONITORS	2	2	6				
15	REFILLING AND EMPTYING VAPORIZERS	1	1	4				
16	ASSEMBLE ANAESTHESIA BREATHING CIRCUIT	1	1	4				
17	ASSEMBLE AYRE'S T-PIECE BREATHING CIRCUIT	1	1	4				
18	RAPID SEQUENCE INDUCTION	1	1	4				
19	ASSEMBLE PASSIVE HUMIDIFICATION	1	1	4				
20	PREPARE ANAESTHETIC NEBULIZATION	1	1	4				
21	REPLENISHMENT OF ANAESTHETIC RESUSCITATION TROLLEY	1	1	8				
22	REPLENISHMENT DIFFICULT INTUBATION TROLLEY	1	1	8				
23	HANDLING OF PATIENT CONTROLLED ANALGESIA (PCA) PUMP	1	1	8				
24	CARE OF PATIENT DURING VARIOUS OPERATIVE POSITION	2	3	5				
25	CARE OF PATIENT PNEUMATIC TOURNIQUET	2	2	6				
26	PREPARATIONS AND CARE OF PATIENT IN SPINAL ANAESTHESIA	2	2	6				
27	PREPARATIONS AND CARE OF PATIENT IN EPIDURAL ANAESTHESIA	2	2	6				
28	APPLYING PULSE OXIMETER AND ITS CLINICAL APPLICATION	1	1	4				
29	APPLYING CAPNOMETER AND ITS CLINICAL APPLICATION	1	1	4				
30	CORE TEMPERATURE PROBE INSERTION	1	1	6				
31	PREPARATION OF PRESSURE TRANSDUCER SYSTEM	2	2	6				
32	PREPARATION OF CENTRAL VENOUS PRESSURE SYSTEM	2	2	6				
33	CARE OF PATIENT WITH ARTERIAL LINE	2	2	6				
34	CARE OF PATIENT WITH CENTRAL VENOUS LINE	2	2	6				
35	ASSEMBLE OF OXYGEN THERAPY DEVICE	2	2	6				
36	PREPARE AND ASSIST IN PERIPHERAL BLOCK	2	2	6				

SKILL	CORE PROCEDURES	REQUIRED			DONE			REMARKS
		O	A	P	O	A	P	
37	ASSEMBLE INTRAOPERATIVE WARMING DEVICES	2	2	6				
38	ASSEMBLE BLOOD WARMING DEVICES	1	2	7				
39	TRANSPORTATION OF CRITICALLY III PATIENT	2	2	6				
40	ASSEMBLE, SETTING AND TROUBLESHOOT VENTILATORS	2	2	6				
41	PREOPERATIVE ASSESSMENT	2	2	6				
42	ASSIST IN DIFFICULT INTUBATION DRILL	2	2	6				
43	CARE OF PATIENT IN RECOVERY	2	2	6				
44	CHECK LEVEL OF REGIONAL ANAESTHESIA	1	1	8				
45	ASSESS BROMAGE SCORE	1	1	8				
46	ASSESS SEDATION SCALE	1	1	8				
47	ASSESS RECOVERY SCORE	1	1	8				
48	ASSESS PAIN SCORE	1	1	8				
49	PREPARATION AND ASSISTING IN FLEXIBLE FIBREOPTIC ENDO-TRACHEAL INTUBATION	2	3	5				
50	PREPARATION AND ASSISTING IN AWAKE FIBREOPTIC INTUBATION	2	3	5				
CORE PROCEDURES		**86**	**80**	**286**				
51	HANDLING AND ASSIST IN TOTAL INTRAVENOUS ANAESTHESIA/ TARGET CONTROLLED INFUSION (TIVA/TCI) PROCEDURE	1	1	4				
52	PREPARATION AND ASSISTING NON INVASIVE CARDIAC OUTPUT MONITORING	1	1	4				
53	PREPARATIONS AND CARE OF PATIENT IN COMBINED SPINAL EPIDURAL (CSE)	1	1	4				
54	PREPARATION AND ASSISTING INVASIVE CARDIAC OUTPUT MONITORING	1	1	4				
55	ASSEMBLE RAPID INFUSION DEVICE	1	1	4				
56	PREPARATION AND ASSISTING IN ONE - LUNG VENTILATION	1	1	4				
57	ASSEMBLE AND CALIBRATE - INTRACRANIAL PRESSURE MONITORING	1	1	4				
58	ASSIST IN AUTOLOGOUS BLOOD TRANSFUSION	1	1	4				
59	ASSEMBLE JET VENTILATION	1	1	4				
60	PREPARATION AND ASSISTING IN CRICOTHYROTOMY	1	1	4				
61	PREPARATION AND ASSISTING IN NEEDLE CRICOTHYROTOMY	1	1	4				
62	APPLICATION OF PERIPHERAL NERVE STIMULATOR	1	1	4				
63	ASSEMBLE BISPECTRAL INDEX (BIS) MONITORING	1	1	4				
64	CARE OF ULTRASOUND MACHINE	1	1	4				
OPTIONAL PROCEDURES		**14**	**14**	**56**				

** OPTIONAL PROCEDURES (Since this procedure is not common at District Hospital, compulsory attachment for procedures at state hospital are require OR assessment by oral testing and demonstration of steps to the assessor is accepted with approval from Head of Department)*

COMMENTS:……
…….
…….

Signature of Assessor:

……
(Name/ stamp) *Date:*

Verified by HOD Anaesthesiology & Intensive Care/ Anaesthesiologist Visiting Specialist:

……
(Name/ stamp) *Date:*