

SENARAI SEMAK PERMOHONAN BAHARU (CREDENTIALING) PERI ANAESTHESIA CARE BAGI PROFESION PENOLONG PEGAWAI PERUBATAN DAN JURURAWAT

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 ditandatangani oleh:- a. Hospital berpakar: Ketua Jabatan Anestesiologi b. Hospital tanpa pakar: Disokong oleh Pegawai Perubatan Anestesiologi serta disahkan oleh Pakar Perunding Lawatan Klinikal Anestesiologi/ Pakar Anestesiologi Negeri. | <input type="checkbox"/> |
| 2. | Ringkasan buku log yang ditandatangani oleh <i>assessor</i> dan disahkan oleh:- a. Hospital berpakar: Ketua Jabatan Anestesiologi b. Hospital tanpa pakar: Pakar Perunding Lawatan Klinikal Anestesiologi/ Pakar Anestesiologi Negeri. (bagi yang tiada pos basik/ diploma lanjutan berkaitan)* | <input type="checkbox"/> |
| 3. | Salinan Sijil Perlu Disahkan Oleh Pegawai Pengurusan & Profesional (U41 ke atas):- | |
| | 3.1 Perakuan Pendaftaran Sebagai Penolong Pegawai Perubatan/ Jururawat | <input type="checkbox"/> |
| | 3.2 Perakuan Pendaftaran Tahunan <i>Annual Practising Certificate (APC)</i> Penolong Pegawai Perubatan/ Jururawat - (APC tahun terkini).* | <input type="checkbox"/> |
| | 3.3 Sijil lulus Advanced Life Support (ALS) | <input type="checkbox"/> |
| | 3.4 Sijil Pos Basik Peri-Anaesthesia Care (jika ada) | <input type="checkbox"/> |
| 4. | Gambar beruniform berukuran passport. | <input type="checkbox"/> |

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

Alamat untuk menghantar Borang Permohonan :

1) PENOLONG PEGAWAI PERUBATAN

KETUA PENOLONG PEGAWAI PERUBATAN
 CAW.PERKHIDMATAN PENOLONG PEGAWAI
 PERUBATAN BAHAGIAN AMALAN PERUBATAN
 KEMENTERIAN KESIHATAN MALAYSIA
 ARAS 6, BLOK E1, KOMPLEKS E, PRESINT 1
 PUSAT PENTADBIRAN KERAJAAN PUTRAJAYA
 625920 PUTRAJAYA

Tel : 03 8883 1370
 Faks : 03 8883 1490

2) JURURAWAT

PENGARAH
 BAHAGIAN KEJURURAWATAN
 KEMENTERIAN KESIHATAN MALAYSIA
 LOBI 3, ARAS 3, BLOK E7, KOMPLEKS E, PRESINT 1
 PUSAT PENTADBIRAN KERAJAAN PUTRAJAYA
 625920 PUTRAJAYA

Tel : 03 8883 3543/3544
 Faks : 03 8890 4149

Di semak oleh :.....
 (Cop Nama Penyelia)

No Telefon Penyelia :

| 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

- | | |
|---|---|
| <input type="checkbox"/> Intensive Care Nursing | <input type="checkbox"/> Cardiovascular Perfusion |
| <input type="checkbox"/> Peri-Operative Care | <input type="checkbox"/> Pre Hospital Care Services |
| <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Physiotherapy |
| <input type="checkbox"/> Emergency Medicine &Trauma Services | <input type="checkbox"/> Occupational Therapy |
| Dialysis Care : - | <input type="checkbox"/> Diagnostic Radiography |
| <input type="checkbox"/> Haemodialysis | <input type="checkbox"/> Radiation Therapy |
| <input type="checkbox"/> Peritoneal Dialysis | <input type="checkbox"/> Dental Technology |
| <input type="checkbox"/> Anaesthesiology & Intensive Care Services :- | <input type="checkbox"/> Speech Language Therapy |
| <input type="checkbox"/> Anaesthesia | <input type="checkbox"/> Dietetic |
| <input type="checkbox"/> Peri-anaesthesia | <input type="checkbox"/> Audiology |
| <input type="checkbox"/> Intensive Care | |
| <input type="checkbox"/> General Paediatric Nursing | |
| <input type="checkbox"/> Neonatal Nursing | |
| <input type="checkbox"/> Orthopaedic Services | |
| <input type="checkbox"/> Endoscopy Services | |
| <input type="checkbox"/> Peri-Anaesthesia Care (P.A.C) | |
| <input type="checkbox"/> General Paediatric Nursing | |

6.1 Credentialling applied for : Core Procedures

- | | |
|--|--|
| <input type="checkbox"/> Specialised Procedures in | <input type="checkbox"/> Optional Procedures |
| a)..... | a) |
| b)..... | b) |
| c)..... | 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. (By Head of Department Anaesthesiology / Anaesthesiologist Visiting Specialist / State 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
Signature

Date.....

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

**SUMMARY OF PROGRESS ON CLINICAL PRACTICE RECORDS FOR
PERI-ANAESTHESIA CARE (PAC)**

NAME:

I/C NO:

| NO | CORE PROCEDURE | REQUIRED | | | DONE | | | REMARKS |
|-----|---|----------|---|---|------|---|---|---------|
| | | 0 | A | P | 0 | A | P | |
| 1. | Assemble, disassemble and decontaminate Laryngoscope | 1 | 2 | 5 | | | | |
| 2. | Prepare and assemble of video assisted Laryngoscope | 1 | 3 | 5 | | | | |
| 3. | Cleaning, decontamination & sterilization of breathing system apparatus | 1 | 3 | 5 | | | | |
| 4. | Preparation for intubation | 1 | 1 | 5 | | | | |
| 5. | Preparation and assisting in awake fiberoptic Intubation | 1 | 3 | 5 | | | | |
| 6. | Application of cricoid pressure | 1 | 2 | 5 | | | | |
| 7. | Preparation of supraglottic airway adjuncts | 1 | 3 | 5 | | | | |
| 8. | Preparation of difficult airway trolley and airway adjuncts | 1 | 3 | 5 | | | | |
| 9. | Assist in difficult intubation | 1 | 3 | 5 | | | | |
| 10. | Perform endotracheal intubation* | 1 | 2 | 3 | | | | |
| 11. | Perform endotracheal extubation* | 1 | 2 | 3 | | | | |
| 12. | Perform supraglottic airway insertion* | 1 | 3 | 5 | | | | |
| 13. | Perform supraglottic airway extubation* | 1 | 2 | 5 | | | | |
| 14. | Checking and calibrate anaesthesia machine | 1 | 3 | 5 | | | | |
| 15. | Identify problems and troubleshoot Anaesthesia machine | 1 | 3 | 5 | | | | |
| 16. | Identify problems and troubleshoot Haemodynamic monitor | 1 | 3 | 5 | | | | |
| 17. | Prepare and assist in total intravenous Anaesthesia/target controlled infusion (TIVA / TCI) procedure | 1 | 2 | 2 | | | | |
| 18. | Assemble bispectral index (BIS) monitor | 1 | 2 | 2 | | | | |
| 19. | Prepare and assist chest tube insertion | 1 | 2 | 2 | | | | |
| 20. | Refilling and emptying vaporizers | 1 | 2 | 5 | | | | |
| 21. | Assemble anaesthesia breathing circuit | 1 | 3 | 5 | | | | |
| 22. | Assemble Ayre's t-piece breathing circuit | 1 | 3 | 5 | | | | |
| 23. | Application of rapid sequence induction | 1 | 3 | 5 | | | | |
| 24. | Assemble passive humidification system | 1 | 2 | 3 | | | | |
| 25. | Prepare anaesthetic nebulizer system | 1 | 2 | 3 | | | | |
| 26. | Prepare & checking anaesthesia resuscitation Trolley | 1 | 2 | 2 | | | | |
| 27. | Setting up patient controlled analgesia (PCA) Pump | 1 | 5 | 5 | | | | |

| NO | CORE PROCEDURE | REQUIRED | | | DONE | | | REMARKS |
|--------------|--|-----------|------------|------------|------|---|---|---------|
| | | 0 | A | P | 0 | A | P | |
| 28. | Care during positioning of patient | 2 | 3 | 5 | | | | |
| 29. | Care of patient on pneumatic tourniquet | 1 | 2 | 3 | | | | |
| 30. | Prepare and care of patient for spinal Anaesthesia | 1 | 3 | 5 | | | | |
| 31. | Prepare and care of patient for epidural Anaesthesia | 1 | 3 | 5 | | | | |
| 32. | Prepare and care of patient for peripheral Nerve block | 1 | 3 | 5 | | | | |
| 33. | Assemble pulse oximeter probe | 1 | 2 | 5 | | | | |
| 34. | Assemble capnograph system • side stream • main stream | 1 | 3 | 5 | | | | |
| 35. | Temperature probe insertion | 1 | 3 | 5 | | | | |
| 36. | Assemble & calibrate pressure transducer System • arterial line • central venous pressure • pulmonary artery catheter | 1 | 3 | 5 | | | | |
| 37. | Care of patient with invasive lines • arterial line • central venous pressure • pulmonary artery catheter | 1 | 3 | 5 | | | | |
| 38. | Assemble of oxygen therapy device | 1 | 3 | 5 | | | | |
| 39. | Application of peripheral nerve stimulator | 1 | 3 | 5 | | | | |
| 40. | Assemble intraoperative warming device | 1 | 3 | 5 | | | | |
| 41. | Assemble fluid/blood warming devices | 1 | 3 | 5 | | | | |
| 42. | Transportation of critically ill patient | 1 | 3 | 5 | | | | |
| 43. | Preoperative assessment | 1 | 3 | 5 | | | | |
| 44. | Care of patient in recovery area | 1 | 3 | 5 | | | | |
| 45. | Check level of block for regional anaesthesia | 1 | 3 | 5 | | | | |
| 46. | Assess bromage score | 1 | 3 | 5 | | | | |
| 47. | Assess sedation scale | 1 | 3 | 5 | | | | |
| 48. | Assess recovery score | 1 | 3 | 5 | | | | |
| 49. | Assess pain score | 1 | 3 | 5 | | | | |
| 50. | Care of patient under acute pain service | 1 | 3 | 5 | | | | |
| TOTAL | | 51 | 134 | 222 | | | | |

* Procedures for teaching purposes only. NOT AS A JOB DESCRIPTION

SUMMARY OF PROGRESS ON CLINICAL PRACTICE RECORDS FOR
PERI-ANAESTHESIA CARE (PAC)

| NO | CORE PROCEDURE | REQUIRED | | | DONE | | | REMARKS |
|-----|--|-----------|-----------|-----------|------|---|---|---------|
| | | 0 | A | P | 0 | A | P | |
| 1. | Prepare and assist non-invasive cardiac Output monitoring | 1 | 2 | 3 | | | | |
| 2. | Prepare and assist invasive cardiac output Monitoring | 1 | 2 | 3 | | | | |
| 3. | Assemble rapid infusion device | 1 | 2 | 3 | | | | |
| 4. | Prepare and assist in Double Lumen Tube / Endobronchial Blocker | 1 | 2 | 3 | | | | |
| 5. | Assemble and calibrate – Intracranial Pressure Monitoring | 1 | 2 | 3 | | | | |
| 6. | Assist in autologous blood transfusion | 1 | 2 | 3 | | | | |
| 7. | Assemble jet ventilation | 1 | 2 | 3 | | | | |
| 8. | Prepare and assist in cricothyrotomy | 1 | 2 | 3 | | | | |
| 9. | Assemble cerebral oximetry | 1 | 2 | 3 | | | | |
| 10. | Care of echocardiography / ultrasound Machine | 1 | 2 | 3 | | | | |
| 11. | Assist and prepare patient under general Anaesthesia in magnetic resonance image (MRI) Suite | 1 | 2 | 3 | | | | |
| 12. | Assist and prepare patient under general Anaesthesia in electro convulsive therapy (ECT) suite | 1 | 2 | 3 | | | | |
| 13. | Assist and prepare patient under general Anaesthesia for procedures in remote areas • interventional radiological Procedures • ct scan • oncology procedures | 1 | 2 | 3 | | | | |
| 14. | Assist and prepare patient under general Anaesthesia in intensive cardiac laboratory (ICL) | 1 | 2 | 3 | | | | |
| | Total | 14 | 28 | 42 | | | | |

COMMENTS BY ASSESSOR / HEAD OF DEPARTMENT:

Signature of Assessor

Verified by Head of Department Anaesthesiology/
Anaesthesiologist Visiting Specialist / Anaesthesiologist

.....
(Name / Stamp)

Date :

.....
(Name / Stamp)

Date: