



MINISTRY OF HEALTH MALAYSIA

**CREDENTIALING IN PALLIATIVE CARE**

**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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	CORE PROCEDURES		Logbook A (No ADPC)	Logbook B (With ADPC and for Renewal)
1	Genogram	11	X	X
2	Holistic assessment	11	X	X
3	Assess ECOG/Karnofsky Performance Scale	12	X	X
4	Oral care	12	X	
5	Abdominal examination	12	X	X
6	Care of pigtail	13	X	
7	Stoma care	13	X	
8	Respiratory examination	13	X	X
9	Care of patient in severe breathlessness	14	X	X
10	Identify respiratory depression (Opioid induced)	14	X	X
11	Neurological assessment and examination	14	X	X
12	Skin assessment and skin care	15	X	
13	Per rectum examination	15	X	X
14	Manual evacuation of rectum	15	X	X
15	High enema	16	X	X
16	Wound de-sloughing / debridement	16	X	X
17	Pain assessment	16	X	X
18	Opioid calculation and conversion	17	X	X
19	Administration of immediate release (IR) opioid	17	X	
20	Administration of slow release (SR) opioid	17	X	
21	Administration of sub cutaneous injection	18	X	
22	Preparation and administration of opioid infusion	18	X	X

<b>CONTENT</b>		<b>PAGE</b>		
23	Preparation and administration of non-opioid drug infusion	18	X	
24	Administration of transdermal fentanyl	19	X	X
25	Assess sedation score	19	X	X
26	Administration of breakthrough pain medication	19	X	X
27	Perform subcutaneous cannula / line insertion	20	X	X
28	Perform dying patient assessment	20	X	X
29	Administration of crisis medications	20	X	X
30	Preparation of disposable infusion pump	21	X	X
31	Checking and calibrating syringe driver	21	X	X
32	Family conference	21	X	X
33	Psychological assessment using proper tools (HADS, DASS, DT)	22	X	
34	Preparation for terminal discharge	22	X	X
35	Preparation for hospice referral	22	X	

## GENERAL INFORMATION

### A. Professional Qualifications in Palliative Care

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 1<sup>st</sup> 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 fulfill (an action, task, or function).

## SUMMARY FOR RECOMMENDATION OF CREDENTIALLING

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

### SUMMARY FOR RECOMMENDATION FOR RENEWAL OF CREDENTIALS

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



## CORE PROCEDURES

### PERFORMANCE LOG SHEET OF CORE PROCEDURES

**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 (Dr. Only)	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 (Dr. only)	SIGN	REMARK
1.		PERFORM				
2.		PERFORM				
3.		PERFORM				

**NO. 9: CARE OF PATIENT IN SEVERE BREATHLSSNESS**

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 (Dr. Only)	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 SUB CUTANEOUS 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.		PERFORM				
2.		PERFORM				
3.		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

NO	PROCEDURES	REQUIRED			DONE			REMARKS
		O	A	P	O	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	-	-	3				
33	Psychological assessment using proper tools (HADS, DASS, DT)	-	-	3				
34	Preparation for terminal discharge	-	-	3				
35	Preparation for hospice referral	-	-	3				

### COMMENTS BY ASSESSOR / HEAD OF DEPARTMENT:

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Signature of Assessor

Verified by Head of Department:

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Date:

Date: