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 ditandatangan 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.	☐
2.	Ringkasan buku log yang ditandatangan oleh *assessor* dan disahkan oleh:- **a. Hospital berpakar:** Ketua Jabatan Anestesiologi ***b.*** **Hospital tanpa pakar:** Pakar Perunding Lawatan Klinikal Anestesiologi/ Pakar Anestesiologi Negeri.	☐
3.	Salinan Sijil Perlu **Disahkan** Oleh Pegawai Pengurusan & Profesional (U41 ke atas):-	
	3.1 Perakuan Pendaftaran Sebagai Penolong Pegawai Perubatan/ Jururawat	☐
	3.2 Perakuan Pendaftaran Tahunan *Annual Practising Certificate* (APC) Penolong Pegawai Perubatan/ Jururawat - (APC tahun terkini).*	☐
	3.3 Sijil lulus Advanced Life Support (ALS)	☐
	3.4 Sijil Pos Basik Peri-Anaesthesia Care	☐
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 :

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 : .....

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 :-
[ ] Anaesthesia
[ ] Peri-anaesthesia
[ ] Intensive Care
[ ] General Paediatric Nursing
[ ] Neonatal Nursing
[ ] Orthopaedic Services
[ ] Endoscopy Services
[ ] **Peri-Anaesthesia Care (P.A.C)**
[ ] General Paediatric Nursing
[ ] Cardiovascular Perfusion
[ ] Pre Hospital Care Services
[ ] Physiotherapy
[ ] Occupational Therapy
[ ] Diagnostic Radiography
[ ] Radiation Therapy
[ ] Dental Technology
[ ] Speech Language Therapy
[ ] Dietetic
[ ] Audiology

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. (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 …… Date……

Signature

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 fibreoptic Intubation	1	3	5				
6.	Application of cricoid pressure	1	2	5				
7.	Preparation of supraglotic 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 supraglotic airway insertion*	1	3	5				
13.	Perform supraglotic 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 theraphy (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

……..
(Name / Stamp)
Date :

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

……..
(Name / Stamp)
Date: