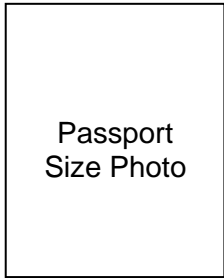**CREDENTIALING & PRIVILEGING OF**
ASSISTANT MEDICAL OFFICER
MINISTRY OF HEALTH MALAYSIA

ANAESTHESIOLOGY SERVICES

(**INTENSIVE CARE**: Intensive Care Technologist)

CLINICAL PRACTICE RECORD

PARTICULARS OF APPLICANT

1. NAME: …………………………………………………………………

2. IC NO: …………………………………………………………………

3. POSITION AND GRADE:……………………………........................

4. WORKING ADDRESS:
   …………………………………………………………………………
   …………………………………………………………………………
   …………………………………………………………………………

5. DATE OF JOINING DEPARTMENT OF ANAESTHESIOLOGY & INTENSIVE CARE: ……………………………

6. DURATION PREVIOUS EXPERIENCE: …………………………………

7. YEAR OF PASSING ADVANCED DIPLOMA IN INTENSIVE CARE TECHNOLOGIST: ………………………

8. TRAINING FOR CREDENTIALING:

   DATE START:……………………….. DATE END: …………………………

Passport
Size Photo

I hereby confirm that the above information is true.

Signature: ………………………………   **Date**: ………………………..

CONTENT

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36.	SKILL 33: PREPARE AND ASSIST BRAIN STEM FUNCTION TEST	19
37.	SKILL 34: PERFORM ECHOCARDIOGRAM	20
38.	SKILL 35: PREPARATION AND PERFORM CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT)	20
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GENERAL INFORMATION

1. Registered Assistant Medical Officers (AMO) with recognized minimum qualification Advanced Diploma in Intensive Care Technologist or working full-time continously in an Intensive Care facility for more than two (2) years should be credentialed for core procedures in Intensive Care.

2. Proficiency of staff performance for required skills must be assessed based on observation by an assessor. The assessor shall be either :
    a. Senior AMO with :
        i. a recognized Advanced Diploma in Intensive Care (Technology) OR Post Basic in Intensive Care Nursing OR
        ii. at least 5 years of working experience in the Intensive Care Unit and has been credentialing at MOH level.
        iii. ALS Provider Certificate
            OR
    b. Intensivist or Anaesthesiologist

3.   AMO working in accredited Intensive Care facility shall :-

    a. complete a log book within a year of commencing training for credentialing.
    b. assessed by Intensivist or Anaesthesiologist or Senior AMO and be endorsed by Head Of Department.

4. AMO's must apply for credentialing using the Cred 1-(2018) form and log book
5. The validity of the credentialing is 3 years after certification
6. Applications for renewal of credentialing shall be by submission of credentialing renewal forms.

Operational definition

1. Accredited Intensive Care facility -

    a. Must have fulltime or visiting Intensivist or Senior Anaesthesiologist.
    b. Should have AMO with Post Basic Intensive Care Nursing or Advanced Diploma Intensive Care Technologist or minimum of 5 years experience in Intensive Care.
    c. Private and NGO centre must fulfill the requirements of Private Health Care Facility Act and be licensed.

2. Accredited college
    a. College with Malaysian Qualification Agency (MQA) Certification or as recognized by the Ministry of Health Malaysia
- Recognised by Medical Assistant Board.

Components In the Clinical Practice Record

The Clinical Practice Record covers three (3) AMO's activities:
    a. Observe – to observe procedures being done
    b. Assist – assist or perform under supervision
    c. Perform - carry out, accomplish, or fulfill (an action, task, or function).

3. **CRITERIA WITH POST BASIC/ ADVANCED DIPLOMA**

<table>
<tr><td></td><td>APPLICANT'S EXPERIENCE</td><td colspan="2">REQUIREMENT(S)</td></tr>
<tr><td>1.</td><td>Basic Academic Qualification</td><td colspan="2">Recognized Diploma Or Degree For Assistant Medical Officer</td></tr>
<tr><td>2.</td><td>Post Graduate / Basic Qualification</td><td colspan="2">Post Basic Intensive Care Nursing OR Advanced Diploma in Intensive Care Technologist</td></tr>
<tr><td rowspan="4">3.</td><td rowspan="4">Experience</td><td>APPLICANT</td><td>REQUIREMENT</td></tr>
<tr><td>Those currently working continuously for more than 2 years in an accredited Intensive Care Unit.</td><td>Recommendation from Anaesthesiologist / Senior AMO in charge of Anaesthesiology Department.</td></tr>
<tr><td>Those with post-basic certificate & was in an accredited Intensive Care Unit and then posted out for less than two (2) years and later reposted to Intensive Care Unit.</td><td>Recommendation from Intensivist or Anaesthesiologist or Senior AMO in charge of Intensive Care Unit.</td></tr>
<tr><td>Those with post-basic certificate & was in an accredited Intensive Care Unit and then posted out for more than two (2) years and later reposted to Intensive Care Unit.</td><td>Recommendation from Intensivist or Anaesthesiologist or Senior AMO in charge of Intensive Care Unit and complete log book within 6 months period.</td></tr>
</table>

4. **CRITERIA WITHOUT POST BASIC**

<table>
<tr><td></td><td>APPLICANT'S EXPERIENCE</td><td colspan="2">REQUIREMENT(S)</td></tr>
<tr><td>1.</td><td>Basic Academic Qualification</td><td colspan="2">Recognized Diploma Or Degree For Assistant Medical Officer</td></tr>
<tr><td>2.</td><td>Post Graduate / Basic Qualification</td><td colspan="2">Those without Post Basic Intensive Care Nursing or Advanced Diploma in Intensive Care Technologist, must have 5 years in service with at least 2 years working experience in designated areas.</td></tr>
<tr><td rowspan="4">3.</td><td rowspan="4">Experience</td><td>APPLICANT</td><td>REQUIREMENT</td></tr>
<tr><td>Those currently working continuously for more than 2 years in an accredited Anaesthesiology facility.</td><td>Recommendation from Intensivist or Anaesthesiologist or Senior AMO in charge of Anaesthesiology Department. Complete log book within 6 months period. Attended ALS certificate/ course.</td></tr>
<tr><td>Those without post-basic certificate & was in an accredited Intensive Care Unit and then posted out for less than two (2) years and later reposted to Intensive Care Unit.</td><td>Recommendation from Intensivist or Anaesthesiologist or Senior AMO in charge of Intensive Care Unit. Complete log book within 6 months period. Attended ALS certificate/ course.</td></tr>
<tr><td>Those without post-basic certificate & was in an accredited Intensive Care Unit and then posted out for more than two (2) years and later reposted to Intensive Care Unit.</td><td>Recommendation from Intensivist or Anaesthesiologist or Senior AMO in charge of Intensive Care Unit. Complete log book within 1 year period. Attended ALS certificate/ course.</td></tr>
</table>

PERFORMANCE LOG SHEET OF CORE PROCEDURES

SKILL 1 : **CLEANING, DECONTAMINATION & STERILIZATION OF MEDICAL AND NON-MEDICAL APPARATUS**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		ASSIST				Poor/Average/Good
3.		PERFORM				Poor/Average/Good
4.		PERFORM				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good

SKILL 2 : **APPLYING PULSE OXIMETER & ITS CLINICAL APPLICATION**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		ASSIST				Poor/Average/Good
3.		PERFORM				Poor/Average/Good
4.		PERFORM				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good

SKILL 3 : **APPLYING CAPNOMETER & ITS CLINICAL APPLICATION**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		ASSIST				Poor/Average/Good
3.		PERFORM				Poor/Average/Good
4.		PERFORM				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good

PERFORMANCE LOG SHEET OF CORE PROCEDURES

SKILL 4 : **APPLYING REBREATHING / NON-REBREATHING MASKS**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		ASSIST				Poor/Average/Good
3.		PERFORM				Poor/Average/Good
4.		PERFORM				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good

SKILL 5: **TESTING AND ASSEMBLING REUSABLE / DISPOSABLE VENTILATOR CIRCUITS**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		ASSIST				Poor/Average/Good
3.		PERFORM				Poor/Average/Good
4.		PERFORM				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good
7.		PERFORM				Poor/Average/Good
8.		PERFORM				Poor/Average/Good
9.		PERFORM				Poor/Average/Good
10.		PERFORM				Poor/Average/Good

PERFORMANCE LOG SHEET OF CORE PROCEDURES

SKILL 6: **SETTING AND CHANGE BASIC VENTILATOR PARAMETERS**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		ASSIST				Poor/Average/Good
3.		PERFORM				Poor/Average/Good
4.		PERFORM				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good
7.		PERFORM				Poor/Average/Good
8.		PERFORM				Poor/Average/Good
9.		PERFORM				Poor/Average/Good
10.		PERFORM				Poor/Average/Good

SKILL 7 : **IDENTIFY AND TROUBLESHOOT VENTILATORS**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		OBSERVE				
3.		ASSIST				Poor/Average/Good
4.		ASSIST				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good
7.		PERFORM				Poor/Average/Good
8.		PERFORM				Poor/Average/Good
9.		PERFORM				Poor/Average/Good
10.		PERFORM				Poor/Average/Good

PERFORMANCE LOG SHEET OF CORE PROCEDURES

SKILL 8**: IDENTIFY AND TROUBLESHOOT MONITORS AND DEFIBRILLATORS**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		OBSERVE				
3.		ASSIST				Poor/Average/Good
4.		ASSIST				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good
7.		PERFORM				Poor/Average/Good
8.		PERFORM				Poor/Average/Good
9.		PERFORM				Poor/Average/Good
10.		PERFORM				Poor/Average/Good

SKILL 9: **MAINTENANCE, CALIBRATION & QUALITY CONTROL OF ARTERIAL BLOOD GAS MACHINE**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		OBSERVE				
3.		ASSIST				Poor/Average/Good
4.		ASSIST				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good
7.		PERFORM				Poor/Average/Good
8.		PERFORM				Poor/Average/Good
9.		PERFORM				Poor/Average/Good
10.		PERFORM				Poor/Average/Good

PERFORMANCE LOG SHEET OF CORE PROCEDURES

SKILL 10 : **SET-UP TRANSPORT VENTILATOR**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		OBSERVE				
3.		ASSIST				Poor/Average/Good
4.		ASSIST				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good
7.		PERFORM				Poor/Average/Good
8.		PERFORM				Poor/Average/Good
9.		PERFORM				Poor/Average/Good
10.		PERFORM				Poor/Average/Good

SKILL 11 : **MANAGEMENT OF INVASIVE VENTILATORS AND ACCESSORIES**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		OBSERVE				
3.		ASSIST				Poor/Average/Good
4.		ASSIST				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good
7.		PERFORM				Poor/Average/Good
8.		PERFORM				Poor/Average/Good
9.		PERFORM				Poor/Average/Good
10.		PERFORM				Poor/Average/Good

PERFORMANCE LOG SHEET OF CORE PROCEDURES

SKILL 12 : **MANAGEMENT OF NON - INVASIVE VENTILATORS AND ACCESSORIES**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		OBSERVE				
3.		ASSIST				Poor/Average/Good
4.		ASSIST				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good
7.		PERFORM				Poor/Average/Good
8.		PERFORM				Poor/Average/Good
9.		PERFORM				Poor/Average/Good
10.		PERFORM				Poor/Average/Good

SKILL 13 : **APPLYING FULL BARRIER PERSONNEL PROTECTIVE EQUIPMENTS WITH N95 RESPIRATOR**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		ASSIST				Poor/Average/Good
3.		PERFORM				Poor/Average/Good
4.		PERFORM				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good

PERFORMANCE LOG SHEET OF CORE PROCEDURES

SKILL 14 : **TRANSPORT OF CRITICALLY-ILL PATIENT**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		OBSERVE				
3.		ASSIST				Poor/Average/Good
4.		ASSIST				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good
7.		PERFORM				Poor/Average/Good
8.		PERFORM				Poor/Average/Good
9.		PERFORM				Poor/Average/Good
10.		PERFORM				Poor/Average/Good
11.		PERFORM				Poor/Average/Good

SKILL 15 : **PREPARATION, ASSEMBLE, FUNCTION TESTING & PERFORMING BAG-VALVE MASK**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		OBSERVE				
3.		ASSIST				Poor/Average/Good
4.		ASSIST				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good
7.		PERFORM				Poor/Average/Good
8.		PERFORM				Poor/Average/Good
9.		PERFORM				Poor/Average/Good
10.		PERFORM				Poor/Average/Good

PERFORMANCE LOG SHEET OF CORE PROCEDURES

SKILL 16: **PREPARATION AND ASSISTING ENDOTRACHEAL INTUBATION**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		OBSERVE				
3.		ASSIST				Poor/Average/Good
4.		ASSIST				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good
7.		PERFORM				Poor/Average/Good
8.		PERFORM				Poor/Average/Good
9.		PERFORM				Poor/Average/Good
10.		PERFORM				Poor/Average/Good
11.		PERFORM				Poor/Average/Good

SKILL 17: **PREPARATION AND ASSISTING IN FLEXIBLE FIBREOPTIC BRONCHOSCOPY**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		OBSERVE				
3.		ASSIST				Poor/Average/Good
4.		ASSIST				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good
7.		PERFORM				Poor/Average/Good
8.		PERFORM				Poor/Average/Good
9.		PERFORM				Poor/Average/Good
10.		PERFORM				Poor/Average/Good
11.		PERFORM				Poor/Average/Good
12.		PERFORM				Poor/Average/Good

PERFORMANCE LOG SHEET OF CORE PROCEDURES

SKILL 18: **PREPARATION AND ASSISTING DIFFICULT INTUBATION**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		OBSERVE				
3.		ASSIST				Poor/Average/Good
4.		ASSIST				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good
7.		PERFORM				Poor/Average/Good
8.		PERFORM				Poor/Average/Good

SKILL 19: **PREPARATION AND ASSEMBLING ACTIVE HUMIDIFICATION SYSTEM**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		OBSERVE				
3.		ASSIST				Poor/Average/Good
4.		ASSIST				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good
7.		PERFORM				Poor/Average/Good
8.		PERFORM				Poor/Average/Good
9.		PERFORM				Poor/Average/Good
10.		PERFORM				Poor/Average/Good

PERFORMANCE LOG SHEET OF CORE PROCEDURES

SKILL 20: **PREPARATION AND ASSEMBLING PASSIVE HUMIDIFICATION SYSTEM**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		OBSERVE				
3.		ASSIST				Poor/Average/Good
4.		ASSIST				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good
7.		PERFORM				Poor/Average/Good
8.		PERFORM				Poor/Average/Good

SKILL 21: **PREPARATION PRESSURE TRANSDUCER SYSTEM AND ITS CLINICAL APPLICATION**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		OBSERVE				
3.		ASSIST				Poor/Average/Good
4.		ASSIST				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good
7.		PERFORM				Poor/Average/Good
8.		PERFORM				Poor/Average/Good
9.		PERFORM				Poor/Average/Good
10.		PERFORM				Poor/Average/Good

PERFORMANCE LOG SHEET OF CORE PROCEDURES

SKILL 22: **PERFORM TRACHEO-BRONCHIOL SUCTIONING - OPEN METHOD**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		OBSERVE				
3.		ASSIST				Poor/Average/Good
4.		ASSIST				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good
7.		PERFORM				Poor/Average/Good
8.		PERFORM				Poor/Average/Good

SKILL 23 : **PERFORM TRACHEO-BRONCHIOL SUCTIONING - CLOSED METHOD**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		OBSERVE				
3.		ASSIST				Poor/Average/Good
4.		ASSIST				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good
7.		PERFORM				Poor/Average/Good
8.		PERFORM				Poor/Average/Good
9.		PERFORM				Poor/Average/Good
10.		PERFORM				Poor/Average/Good

PERFORMANCE LOG SHEET OF CORE PROCEDURES

SKILL 24 : **PERFORM PRE-USE CHECK ON NON - INVASIVE VENTILATOR**.

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		OBSERVE				
3.		ASSIST				Poor/Average/Good
4.		ASSIST				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good
7.		PERFORM				Poor/Average/Good
8.		PERFORM				Poor/Average/Good
9.		PERFORM				Poor/Average/Good
10.		PERFORM				Poor/Average/Good

SKILL 25 : **PERFORM PRE-USE CHECK ON INVASIVE VENTILATOR.**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		OBSERVE				
3.		ASSIST				Poor/Average/Good
4.		ASSIST				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good
7.		PERFORM				Poor/Average/Good
8.		PERFORM				Poor/Average/Good
9.		PERFORM				Poor/Average/Good
10.		PERFORM				Poor/Average/Good

PERFORMANCE LOG SHEET OF CORE PROCEDURES

SKILL 26: **PERFORM CHECKING ON PORTABLE OXYGEN SYSTEM**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		ASSIST				Poor/Average/Good
3.		PERFORM				Poor/Average/Good
4.		PERFORM				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good
7.		PERFORM				Poor/Average/Good
8.		PERFORM				Poor/Average/Good

SKILL 27: **ADMINISTRATION AEROSOL DRUGS VIA METERED-DOSE-INHALER OR NEBULIZER**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		ASSIST				Poor/Average/Good
3.		PERFORM				Poor/Average/Good
4.		PERFORM				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good
7.		PERFORM				Poor/Average/Good
8.		PERFORM				Poor/Average/Good
9.		PERFORM				Poor/Average/Good
10.		PERFORM				Poor/Average/Good

PERFORMANCE LOG SHEET OF *OPTIONAL PROCEDURES*

SKILL 28: **PREPARATION AND ASSISTING NON-INVASIVE CARDIAC OUTPUT MONITORING**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		ASSIST				Poor/Average/Good
3.		PERFORM				Poor/Average/Good
4.		PERFORM				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good

SKILL 29: **PREPARATION AND ASSISITING INVASIVE CARDIAC OUTPUT MONITORING**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		ASSIST				Poor/Average/Good
3.		PERFORM				Poor/Average/Good
4.		PERFORM				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good

SKILL 30: **PREPARATION AND ASSISTING PERCUTANEOUS TRACHEOSTOMY**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		ASSIST				Poor/Average/Good
3.		PERFORM				Poor/Average/Good
4.		PERFORM				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good

PERFORMANCE LOG SHEET OF *OPTIONAL PROCEDURES*

SKILL 31: **PREPARE, SET-UP AND CALIBRATION HIGH FREQUENCY OSCILLATORY VENTILATOR**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		ASSIST				Poor/Average/Good
3.		PERFORM				Poor/Average/Good
4.		PERFORM				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good

SKILL 32: **PREPARE AND ASSIST ON INTRA-CRANIAL PRESSURE MONITORING**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		ASSIST				Poor/Average/Good
3.		PERFORM				Poor/Average/Good
4.		PERFORM				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good

SKILL 33: **PREPARE AND ASSIST BRAIN STEM FUNCTION TEST**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		ASSIST				Poor/Average/Good
3.		PERFORM				Poor/Average/Good
4.		PERFORM				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good

PERFORMANCE LOG SHEET OF *OPTIONAL PROCEDURES*

SKILL 34: **PERFORM ECHOCARDIOGRAM**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		ASSIST				Poor/Average/Good
3.		PERFORM				Poor/Average/Good
4.		PERFORM				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good

SKILL 35: **PREPARATION AND PERFORM CONTINUOUS RENAL REPLACEMENT THERAPHY (CRRT)**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		ASSIST				Poor/Average/Good
3.		PERFORM				Poor/Average/Good
4.		PERFORM				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good

SKILL 36: **PREPARATION FOR LEVEL OF CONSCIOUSNESS MONITORING (BIS/NMT)**

NUM.	MRN	ACTIVITY	DATE	ASSESSOR	SIGN	REMARK
1.		OBSERVE				
2.		ASSIST				Poor/Average/Good
3.		PERFORM				Poor/Average/Good
4.		PERFORM				Poor/Average/Good
5.		PERFORM				Poor/Average/Good
6.		PERFORM				Poor/Average/Good

SUMMARY OF STAFFS PROGRESS CLINICAL PRACTICE RECORDS FOR INTENSIVE CARE: Intensive Care Technologist

Name : …………………………………

No. I/C : …………………………………

No	CORE PROCEDURES	Required			Done			Remarks
		O	A	P	O	A	P	
1	SKILL 1: CLEANING, DECONTAMINATION & STERILIZATION OF MEDICAL AND NON-MEDICAL APPARATUS	1	1	4				
2	SKILL 2: APPLYING PULSE OXIMETER & ITS CLINICAL APPLICATION	1	1	4				
3	SKILL 3: APPLYING CAPNOMETER & ITS CLINICAL APPLICATION	1	1	4				
4	SKILL 4: APPLYING REBREATHING / NON-REBREATHING MASKS	1	1	4				
5	SKILL 5: TESTING AND ASSEMBLING REUSABLE / DISPOSABLE VENTILATOR CIRCUITS	1	1	8				
6	SKILL 6: SETTING AND CHANGE BASIC VENTILATOR PARAMETERS	1	1	8				
7	SKILL 7: IDENTIFY AND TROUBLESHOOT VENTILATORS	2	2	6				
8	SKILL 8: IDENTIFY AND TROUBLESHOOT MONITORS & DEFIBRILLATORS	2	2	6				
9	SKILL 9: MAINTENANCE, CALIBRATION & QUALITY CONTROL OF ARTERIAL BLOOD GAS MACHINE	2	2	6				
10	SKILL 10: SET-UP TRANSPORT VENTILATOR	2	2	6				
11	SKILL 11: MANAGEMENT OF INVASIVE VENTILATORS AND ACCESSORIES	2	2	6				
12	SKILL 12: MANAGEMENT OF NON - INVASIVE VENTILATORS AND ACCESSORIES	2	2	6				
13	SKILL 13: APPLYING FULL BARRIER PERSONNEL PROTECTIVE EQUIPMENTS WITH N95 RESPIRATOR	1	1	4				
14	SKILL 14: TRANSPORTATION OF CRITICALLY-ILL PATIENT	2	2	9				
15	SKILL 15: PREPARATION, ASSEMBLE, FUNCTION TESTING & PERFORMING BAG-VALVE MASK	1	1	8				
16	SKILL 16: PREPARATION AND ASSISTING IN ENDOTRACHEAL INTUBATION	2	2	6				
17	SKILL 17: PREPARATION AND ASSISTING IN FLEXIBLE FIBREOPTIC BRONCHOSCOPY	2	2	8				
18	SKILL 18: PREPARATION AND ASSISTING DIFFICULT INTUBATION	2	2	4				
19	SKILL 19: PREPARATION AND ASSEMBLING ACTIVE HUMIDIFICATION SYSTEM	2	2	6				
20	SKILL 20: PREPARATION AND ASSEMBLING PASSIVE HUMIDIFICATION SYSTEM	2	2	4				
21	SKILL 21: PREPARATION PRESSURE TRANSDUCER SYSTEM AND ITS CLINICAL APPLICATION	2	2	6				
22	SKILL 22: PERFORM TRACHEO-BRONCHIOL SUCTIONING - OPEN METHOD	2	2	4				
23	SKILL 23: PERFORM TRACHEO-BRONCHIOL SUCTIONING – CLOSED METHOD	2	2	6				
24	SKILL 24: PERFORM PRE-USE CHECK ON NON - INVASIVE VENTILATOR.	2	2	6				
25	SKILL 25: PERFORM PRE-USE CHECK ON INVASIVE VENTILATOR.	2	2	6				
26	SKILL 26: PERFORM CHECKING ON PORTABLE OXYGEN SYSTEM	1	1	6				
27	SKILL 27: ADMINISTRATION OF AEROSOLIZED DRUGS VIA METERED-DOSE-INHALER OR NEBULIZER	1	1	8				
	TOTAL CORE PROCEDURES	**44**	**44**	**159**				

N o	OPTIONAL PROCEDURES	Required			Done			Remarks
		O	A	P	O	A	P	
28	* SKILL 28: PREPARATION AND ASSISTING NON-INVASIVE CARDIAC OUTPUT MONITORING	1	1	4				
29	* SKILL 29: PREPARATION AND ASSISTING INVASIVE CARDIAC OUTPUT MONITORING	1	1	4				
30	* SKILL 30: PREPARATION AND ASSISTING PERCUTANEOUS TRACHEOSTOMY	1	1	4				
31	* SKILL 31: PREPARE, SET-UP AND CALIBRATION HIGH FREQUENCY OSCILLATORY VENTILATOR	1	1	4				
32	* SKILL 32: PREPARE AND ASSIST ON INTRA-CRANIAL PRESSURE MONITORING	1	1	4				
33	* SKILL 33: PREPARE AND ASSIST BRAIN STEM FUNCTION TEST	1	1	4				
34	* SKILL 34: PERFORM ECHOCARDIOGRAM	1	1	4				
35	* SKILL 35: PREPARATION AND PERFORM CONTINUOUS RENAL REPLACEMENT THERAPHY (CRRT)	1	1	4				
36	* SKILL 36: PREPARATION FOR LEVEL OF CONSCIOUSNESS MONITORING (BIS / NMT)	1	1	4				
37	* SKILL 37: ASSISTING GENERAL ANAESTHESIA FOR REMOTE ANAESTHESIA	1	1	4				
	TOTAL OPTIONAL PROCEDURES	**10**	**10**	**40**				

* *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 BY ASSESSOR / HEAD OF DEPARTMENT :

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_____

Signature of Assessor   Verified by HOD/ Visting Anaesthesiologist

………………………………………..   ……………………………………
 (Name / Stamp)   (Name / Stamp)

Date :   Date: