

VARIABILITY OF QUALIFICATION LEVEL AND TRAINING AMONG PREHOSPITAL CARE PROVIDERS IN KLANG VALLEY, MALAYSIA



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INTRODUCTION

In Malaysia, prehospital care services are provided by governmental and non-governmental agencies¹. The majority are hospital based. Currently there is inadequate coordination and regulation from a central governing body. At present, there is no formal standardised training curriculum for prehospital care providers in the country.

OBJECTIVE

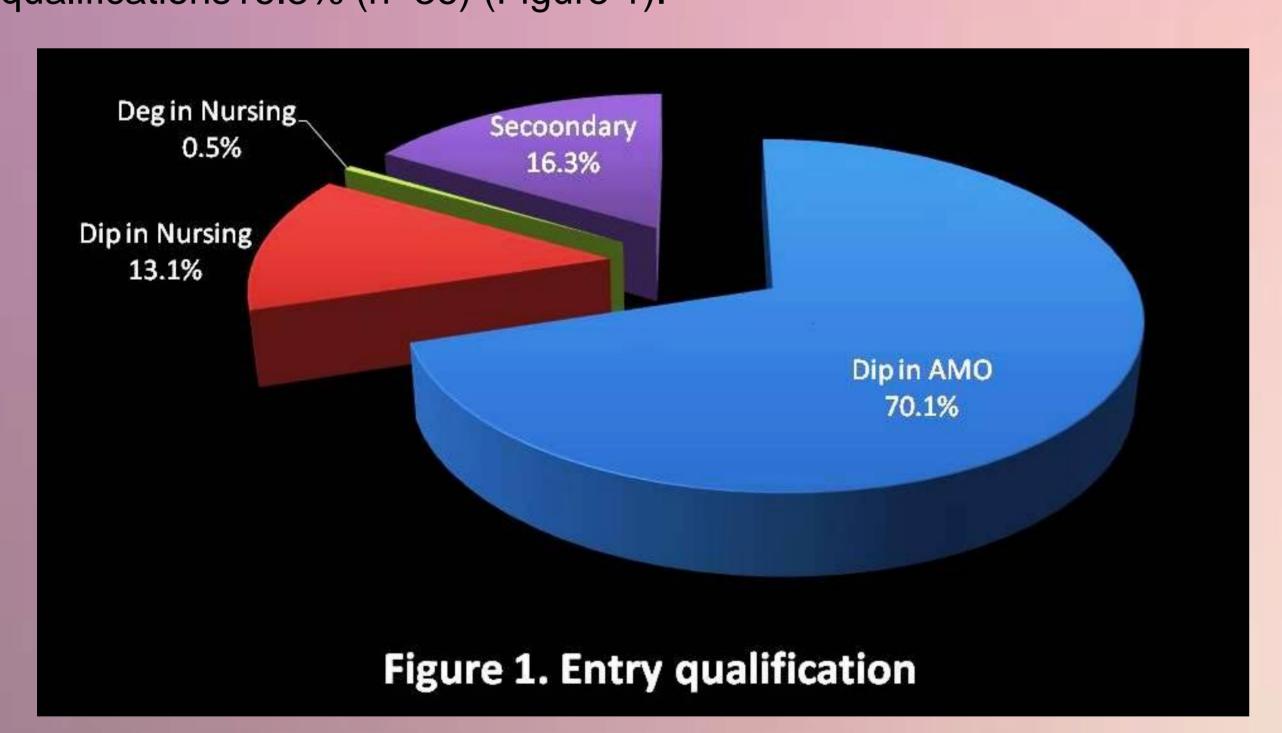
To understand and determine the variability of qualification level and training among prehospital care providers in Klang Valley, Malaysia.

METHODOLOGY

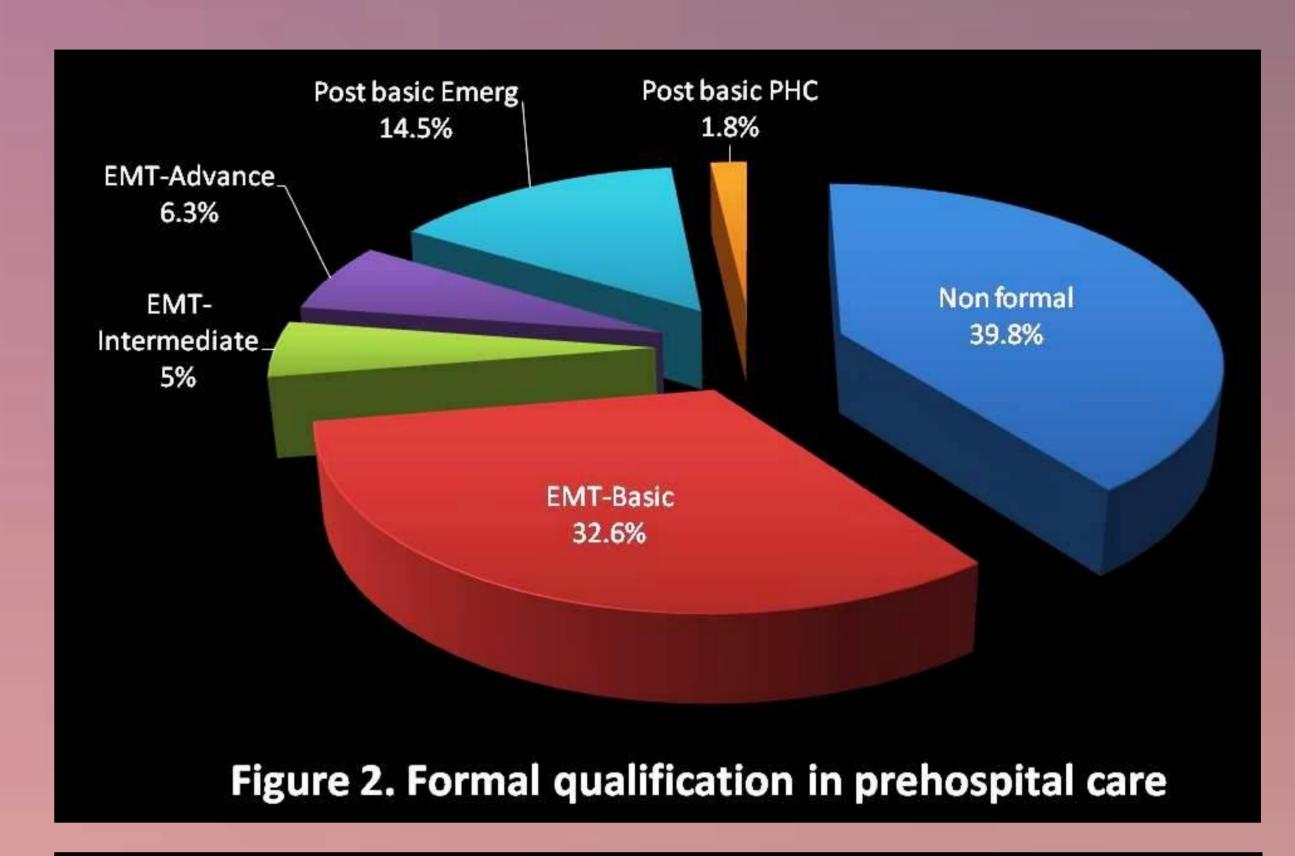
A standardised survey form was distributed and collected among prehospital emergency care providers from multiple agencies in Klang Valley, Malaysia from June 2009 until October 2009.

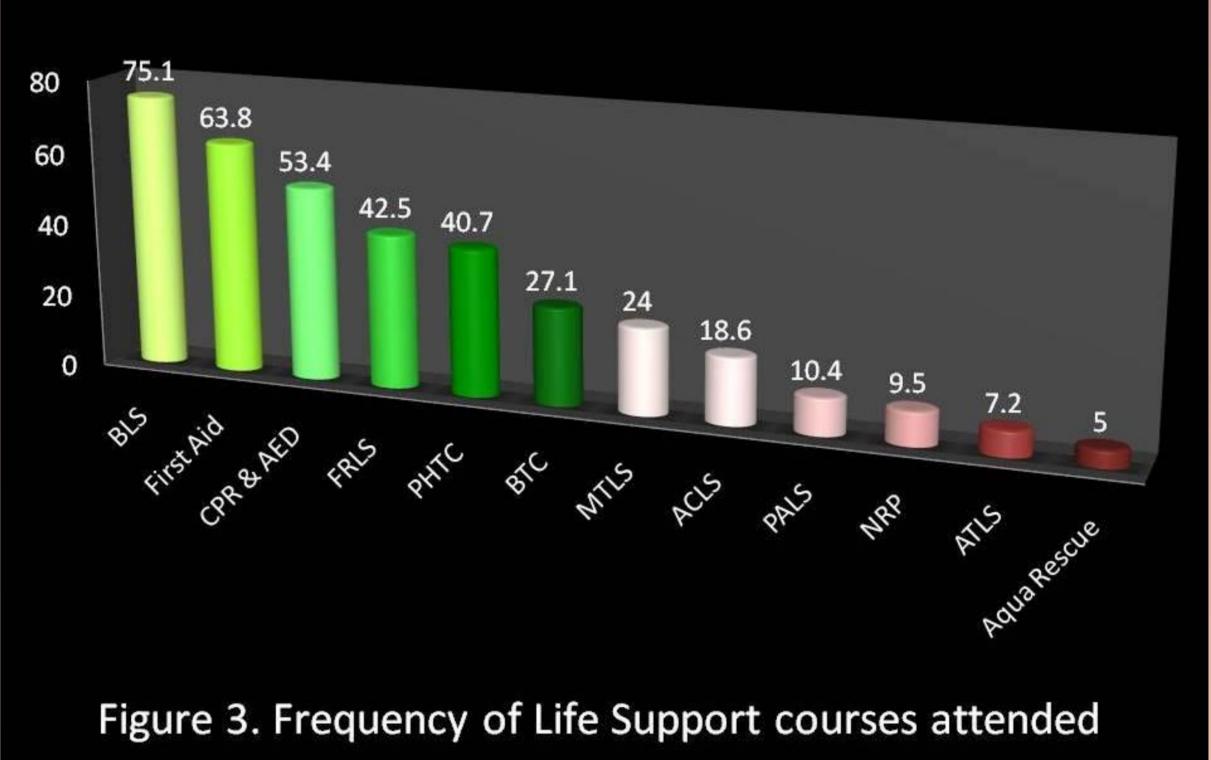
RESULTS

- 1. There were 221 respondents available for the analysis ranging from 20 to 42 years old with a median age of 27 years old.
- 2. Respondents experience showed 50% had between 1 to 5 years and 25% had more than 5 years with 96.8% (N=214) worked with a salary, while 3.2% (N=7) worked on a volunteer basis.
- 3. Entry qualification into the prehospital services made up of Diploma in Medical Assistant 70.1% (n=155), Diploma in Nursing 13.1% (n=29), Degree in Nursing qualification 0.5% (n=1) and secondary level qualifications16.3% (n=36) (Figure 1).



- 4. Among the respondents, 60.2% had some form of formal prehospital care qualifications which comprises of EMT qualification, post-basic in emergency care and post-basic in prehospital care (Figure 2).
- 5. Most providers had attended a mixture of life support courses with 39.8% (n=88) were limited to basic level training and 60.2% (n=133) had attended advanced level training (Figure 3).





DISCUSSION

There is no standardised formal qualification regulation for prehospital care providers from the various agencies leading to an extensive provider-to-qualifications variation. With variability of educational background as well as no formal standardised prehospital training program in the country, the practices of resuscitation and trauma care at prehospital setting may compromise patient's survival and recovery. Thus, improvements should also focus on standardizing providers training that is compatible and addresses the country's prehospital care needs. This may be achieved by the formation of a national prehospital regulatory body to ensure coordinated and uniformed services throughout the country.

CONCLUSION

The qualification level and training among the respondents showed marked variation between prehospital care providers in the Klang Valley.

REFERENCES

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