

Malaysian Family Physician

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Official Journal of the Academy of Family Physicians of Malaysia
and Family Medicine Specialist Association

The Challenges in **ASEAN** in Caring for **INDIVIDUALS, FAMILIES AND COMMUNITIES**

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About MFP

The *Malaysian Family Physician* is the official journal of the Academy of Family Physicians of Malaysia. It is published three times a year.

Goal: The MFP is an international journal that disseminates knowledge and clinical evidence of quality and relevance to primary care. The journal acts as the voice of family physicians, researchers and other members of the primary care team on issues that are relevant to clinical practice.

Scope: The MFP publishes:

- i. Research – Original Articles, Reviews
- ii. Education – Case Reports/Clinical Practice Guidelines/Test Your Knowledge. We only encourage case reports that have the following features:
 1. Novel aspects
 2. Important learning points
 3. Relevant to family practice
- iii. Invited debate/commentary/discussion/ letters/online/comment/editorial on topics relevant to primary care.
- iv. A Moment in the Life of a Family Physician - Besides articles covering primary care research, training, clinical practice and clinical management, we also encourage submission of a short narrative to share perspectives, voice, views and opinions about a family physician's experience that has impacted on their practice or life. This should be a reflective piece of less than 500 words in length.

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Welcome Address by the President



Dr Harbaksh Singh

President

Academy of Family Physicians of Malaysia

First and foremost, I wish to bid a warm welcome to all our local and international colleagues to this conference in Malaysia. This is the 5th ARPAC conference and the first was held in Kuala Lumpur in 2007.

I must commend the Organising committee who have been tirelessly working day and night to make this conference a success. The organisers have also invited renowned speakers from Malaysia and overseas to share their experiences and their knowledge in various fields of their expertise.

Primary care is the gatekeeper of all healthcare services and its growing importance is now being recognised all over the world. Being in the front lines, they play a tremendous role in improving and maintaining the quality of healthcare in a country.

This conference is the perfect occasion to exchange ideas and attempt to provide solutions to the many challenges faced by the ASEAN countries.

To all the participants, I once again welcome you and hope that you will extend your stay to savour all that Kuala Lumpur has to offer, the hospitality, variety of food and not forgetting the sightseeing.

Welcome Address by the ARPaC Protem President



Dr Herqutanto, MPH, MARS
Department of Community Medicine
Faculty of Medicine Universitas Indonesia

It is a great pleasure and honour for me to welcome you all to the 5th ARPaC Conference in Kuala Lumpur. The theme for the conference: “Challenges in ASEAN in caring for individual, family and the community” truly represents many of our thoughts and experiences, because primary care physicians in ASEAN have to struggle in geographically and culturally diverse settings. Problems such as tight financial schemes, increased patients’ expectancies, rigid regulations, and difficult inter-professional collaboration are among the challenges faced. This conference will provide insights to those problems and hopefully will provide direction to possible alternatives and solutions.

In 2007, following the informal meeting amongst representatives of primary care associations initiated by the Perhimpunan Dokter Keluarga (Family Doctors’ Conference) Indonesia in 2006, representatives of all the major primary care associations in ASEAN convened in Kuala Lumpur for the inaugural ARPaC Conference and endorsed the “Kuala Lumpur Declaration” which embodied the principles and aspirations of ARPaC.

ARPaC as a regional grouping of primary care physicians in South East Asia has played an important role in setting the Standards of Practice in the region. Nevertheless, the implementation of the standards seems to face several problems, mainly because of its existence is not yet recognized by the ASEAN main body itself. Hard work and careful thoughts have been put into it for years, but not much progress has been achieved so far. Therefore, with this opportunity I would like to emphasize the importance of all ASEAN countries to gather as one and redefine the existence of ARPaC for the benefit of all, in synergy with the spirit of the ASEAN economic community as well as the principles of ASEAN Framework Agreement on Services (AFAS).

Lastly, I wish you all a fruitful conference and let us work towards our formalisation as a Civil Service Organisation under the main ASEAN umbrella.

Welcome Address by the Organizing Chairperson



Dr S Kaviyarasan Sailin

Organising Chairperson

ASEAN Primary Care Conference 2019

On behalf of the organising committee, the Academy of Family Physicians of Malaysia is delighted and honoured to host the 5th ASEAN Regional Primary Care Conference. The theme for the conference is “Challenges in ASEAN in caring for individual, family and the community.” is scheduled to take place on 28 – 30 March at the Sunway Putra Hotel Kuala Lumpur, Malaysia.

I wish to extend a warm welcome to fellow delegates from the ASEAN countries.

The 1st ARPAC Conference initiated by the Academy of Family Physicians in 2007 was a huge success. We are delighted to be given the opportunity to host this meeting again in 2019.

Primary health care plays a vital role in delivering comprehensive and cost effective medical care to all the citizens. Many developed and developing countries are now shifting the focus in strengthening the primary health care which has shown to improve the health outcomes.

However, we are now facing many challenges globally in improving and the delivery of quality patient care due to increasing health cost, changing patient expectations, emerging non-communicable disease, changing trends in new infectious diseases, modernisation of technologies and the environment which are impacting our daily lives.

We have arranged an array of interesting topics which will be delivered by renowned local and regional primary care experts who will share their experiences and knowledge on matters affecting patients care and education particularly in primary care setting. There are many interactive symposium and workshops to enhance your practice.

This conference will provide you an avenue to share your experience and challenges and also an invaluable opportunity for networking and fruitful contacts between countries. I am looking forward to hearing and learning from our ASEAN colleagues’ ideas and best practice as to how we can move forward these important issues and concerns in primary care.

I do hope that you will also take the time to enjoy fascinating Malaysia with its tropical setting, friendly people and multi-cultural cuisine.

Welcome Address by the Scientific Chairperson



Professor Dr C L Teng
Scientific Chairperson
ASEAN Primary Care Conference 2019

Conference Theme: “The Challenges in ASEAN in Caring For Individuals, Families and Communities.”

Primary care physicians in ASEAN work in geographically and culturally diverse settings. Funding pressure, changing patient expectation, rapid technological changes in our daily life and the clinical environment are impacting our clinical work in both positive and negative ways.

This conference is an opportunity where family doctors in Malaysia and the ASEAN region can share their experience in caring for the individual, family and the community. We are grateful that many renowned primary care experts are able to come to this conference and to provide tips to better cope with the challenges faced.

On behalf of the Scientific Committee, I wish to thank our secretariat for their tireless effort. To the local and foreign speakers, thanks for taking time in between your busy schedule to come to share your vast experience. We also like to express our heartfelt thanks to the judges for evaluating the oral and poster presentations. To the conference delegates, do capitalize on the opportunity to network with your fellow participants and bring back useful lessons for your patients back home.

PLENARY 1**Current status and future prospect of primary care/family medicine in ASEAN****Prof Dr Zorayda Leopando**

(Philippines)

The ASEAN Region Primary Care Physicians Association or ARPAC was launched in 2007 in Kuala Lumpur. For the last 12 years, it has formulated 2 strategic plans, developed a standard for training primary care physicians/family physicians for the ASEAN countries and designed the criteria and mechanics for recognition of primary care/family medicine training programs and specialists in family medicine /primary care.

Most ASEAN countries have joined the global movement towards universal healthcare. Thus, in response to the call, training programs in family medicine/primary care in most ASEAN countries are in various stages of development. Organizations of family medicine are helping each other in training, quality improvement and research.

There are many challenges and opportunities for family medicine and primary care. These are: the recognition of ARPAC by the ASEAN. This is very important because within the ASEAN, Ministers/Secretaries of health have set common goals which can serve as a guidepost as to how we can work together. Mutual Recognition Agreement among ASEAN Countries is ongoing in engineering, architecture and accountancy. Physicians are included and ARPAC's criteria and mechanics for recognition of training programs can be enhanced by accreditation process of the World Organization of Family Doctors (WONCA). The ASTANA Conference leading to the ASTANA Declaration jointly hosted by the World Health Organization (WHO) and United Nations Children Emergency Fund (UNICEF) participated in by all member states, including ours highlighted the need for universal health care and attainment on sustainable development through strong primary care. Lastly, the memorandum of agreement between WHO and WONCA will help facilitate how and why our respective organization can work with our respective governments.

PLENARY 2**Postgraduate family medicine training in ASEAN: Looking to the future****Assoc Prof Dr Lee Gan Goh**

(Singapore)

The potential contribution of Family Medicine in the care of patients and their family members is gradually being recognised across the world, ASEAN included. The increasing importance of Family Medicine is the result of several factors: Ageing populations; rise of non-communicable diseases as the result of sedentary and adverse lifestyles; increasing subspecialisation in the practice of medicine leading to the ever increasing need for family physicians. The present and future postgraduate Family Medicine Training programmes need to fulfil the tasks of the model of the 3 Ps (personal, primary, preventive care) and 3 Cs (comprehensive, continuing, and co-ordinated care). There is also an increasing need as population ages to provide care that is multidisciplinary, team based, and integrated. The patient centred medical home ideal will be needed for patients with multiple co-morbidities. Into the present and future, the postgraduate Family Medicine curriculum will need to teach and train not only principles and practice of good clinical practice, but also the training of skills in leadership, administration, business management, and also practice based research. Increasingly too, Family Medicine is one discipline in many settings. Besides the community, the newer terrains of Emergency Care, Acute Hospital and Transitional Care, intermediate and long term care, and Palliative Care are terrains that Family Medicine has a place. Countries need to collaborate and learn from one another effective training programmes for large number of practitioners. There is also a need to work towards building confidence in the 4 Ps (people, press, politicians and practitioners) in what Family Medicine can offer. We also must not forget to motivate and inspire the many who take up Family Medicine to be good practitioners, trainers, and preceptors. There is much to do and there is much that Family Medicine can contribute to the service of mankind

PLENARY 3**Financing health in ASEAN: balancing equity, affordability and healthcare quality****Professor Dato' Dr Syed Mohamed Aljunid**

Professor of Health Policy and Management,
Kuwait University

ASEAN consists of ten full member states with a total population of 636 million with different degree of economic development and diverse health systems. While most countries in the region subscribed to the objectives of achieving Universal Health Coverage, one major challenging issue is the lack of sustainable health financing system. UHC was universally accepted as the most powerful public health concept that countries could offer to its citizen. Three major indicators of UHC are service coverage, population coverage and financial coverage. Among these three indicators, the financial coverage is the most difficult to achieve. The national health expenditure varies a lot depending on the affordability of ASEAN countries. Reforms of health financing programmes in ASEAN countries have been taking place since early 80's. Two major forms of health financing mechanisms in the region are Social Health Insurance (SHI) and taxation. The four biggest countries in the region: Indonesia, Philippines, Vietnam and Thailand have move forward with the implementation of Social Health Insurance programmes with positive outcomes despite various challenges. In these countries, the governments have taken the active steps to establish the legal framework for the implementation of SHI. Countries with SHI performed differently in the three aspects of health financing framework: the revenue collection, pooling and strategic purchasing. Strategic purchasing is practiced in Indonesia and Thailand through the use of DRGs/Casemix System and capitation payment. Revenue collection, financial pooling and moral hazards are among the major issue facing these four countries with SHI. Upper and Middle Income countries in the region such as Singapore, Brunei and Malaysia are still maintaining their health financing using on taxation system following the Beveridge model. In Singapore, the taxation system is supplemented with Medical Savings Account, which is probably the only country in the world with national implementation using this model for health financing. Other low-income countries in the region such as Laos, Cambodia and Myanmar are still depending on user-fees as the main source of health financing that might lead to inequity and unaffordable health care services. To conclude, the ASEAN countries with huge social and economic variations have myriad of differences in health financing mechanisms. In order to improve equity, affordability and quality of health services, these countries should learn from each other to improve their health financing systems.

PLENARY 4

War on cancer – the tide is turning



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Malaysia, just like other developing countries, is rapidly undergoing a massive epidemiologic transition. Traditional diseases in particular infectious, infective diseases are being superseded by noncommunicable diseases, initially with cardiovascular diseases. Before long cancers are gaining a foothold. In Malaysia, cancers are becoming so common. Cancers are causing much havoc to the increasing number of individuals inflicted with the disease, their families, friends and community. Yet, patients are still being presented late to the health services. The stigma of having cancer, the fright and ignorance of cancer are potent reasons for this scenario. So, the causes and new causes for cancer need be identified and eradicated. Furthermore, cell biology and cancer biology need to be further delved into to understand the basics of cancer proliferation, especially by employing new knowledge in genomics. The health delivery system need to be further refined, and life-saving modalities of treatment need be made more accessible and affordable. Also, patient support and advocacy, as well as public awareness campaigns are areas that need to be pushed further.

These are the areas that War on Cancer in Malaysia, launched in July 2018, is focused upon. Malaysia has a well written National Strategic Plan for Cancer Control Programme 2016 – 2020 framed by the Ministry of Health. The War on Cancer initiative spearheaded by the College of Physicians of Malaysia is working to operationalize this plan. It works together with many NGOs, individuals from universities, ministries and research institutes, and also the public. To add to that, it works through its Task Forces on Policies and Finance, Public Awareness and Education, Patient Empowerment and Education, and Research. Public engagements through launches at state and institutional levels, early detection initiatives and mass and social media reach-outs will further entrench the War on Cancer. With persistence, perseverance, persuasion, confidence and commitment from many quarters of the community and engagement with Government agencies and industries, the tide is starting to turn.

PLENARY 5

Research and quality improvement: primary care's Achilles heel?



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It is well established that research and quality improvement are essential to improve healthcare delivery and patient care. In primary care, research has helped to advance the discipline and differentiate us from other specialities while quality improvement provides innovative solutions to deal with day-to-day healthcare challenges in primary care.

However, conducting research and quality improvement programmes remain challenging for many primary care organisations and providers. Research, though widely accepted as an important agenda for primary care, is unreachable for many. It is often perceived as something 'good to have' (vs must have), 'important but not urgent', 'difficult to do' and 'meant for academicians who wish to publish papers'. Quality improvement, on the other hand, focuses on achieving pre-set targets that the primary care organisation has agreed on. Often, these targets are determined by higher authority rather than the clinical team on the ground. The term 'audit' is a put-off for many primary care providers and often perceived as a test and an avenue where the management can find fault with the clinical team and their practices.

More recently, with the emergence of implementation science and improvement science, the boundary between research and quality improvement have been blurred even more. There is an increasing debate whether both are the same or different. Nevertheless, both aim to serve the same purpose i.e. implementing evidence-based interventions to improve healthcare delivery, albeit using different methods and frameworks.

Despite these challenges, there are increasing effort to include research and quality improvement as part of the organisation key agenda. This requires recognition from the management that both entities are crucial for delivering high-value patient care. This can be achieved through building capacity building, incentivising staff, providing a conducive environment and communicating with stakeholders regarding the benefits of research and quality improvement.

SYMPOSIUM

S01

SUBSTANCE ABUSE: NEW TRENDS

S01, #1

Substance use: a global pertinent issue

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Substance abuse is an ancient scourge. The World Health Organization defined substance abuse as the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. The most commonly abused drugs are marijuana, opiate, amphetamine type stimulants (ATS), cocaine and volatile solvents. While the trend of opiate abuse has stabilised worldwide, cannabis abuse and non-medical use of pharmacological opioids are still showing upward trends. ATS is increasing in some areas in ASEAN countries. Among the popular varieties of ATS are yaba, ice, horse pill and methamphetamine (syabu).

Many people use drug to escape from reality mainly due to poor coping to existing situation. Contrary to popular belief, drug use affects all social class. One out of ten drug users is a problematic drug user who suffer from drug use disorder or drug dependence.

The implication of substance use extent beyond the users to their family, community and nation. The wide ranging consequences may be medical, social, psychological economic, and legal. As a risk factor for poor health, drug abuse is ranked among the top 20 worldwide and top 10 causes of morbidity in developed countries. Due to significant social stigma, current approach to substance use is inadequate and often results in more sufferings. Drug use is associated with increased risk of other diseases such as HIV/AIDS, hepatitis, tuberculosis and cardiovascular diseases as well as suicide, acute psychosis and overdose deaths. Many developed countries have initiated Medication Assisted Therapy (MAT) to manage drug users. It is therefore timely for primary care doctors in this region to be familiar with the identification and management of substance use.

S01, #2

Role of family doctor in substance abuse

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Substance abuse is a common problem and occurs in all age group and socioeconomic status. Family physicians, with their focus on comprehensive, holistic, person centred care and continuing responsibility to their patient, has a unique role in the early diagnosis and treatment of substance abuse. Routine screening for drug use should be incorporated in patient encounters especially those who are at risk. Coordination of care and referral is an important component in care for patients with substance abuse. Family physicians also have a role in ensuring the care given is tailored to the specific need of the patients in the context of family and community. With these role, it is crucial that family physician has the knowledge, skills and understanding of substance use disorder as a chronic disease.

S01, #3

Substance abuse among the youth

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The epidemic of drug use does not appear to be waning even though the associated harms are well known. Globally, marijuana is reportedly the main illicit substance of abuse whereas tobacco is the most widely abused licit drug. Unfortunately, this number is not expected to decline anytime soon. It is also alarming that there is an increasing use of new psychoactive substances both globally and locally. To complicate matters, those ages 13-18 have already been reported to be using drugs. The drug of choice in Malaysia currently is methamphetamine, however, new synthetic drugs are being produced at increasing amounts and rates. Apart from substance use, there are also increasing reports of non-substance related addictions happening among youth including gaming addiction. In part, addiction and mental illness also has a bi-directional causal effect and therefore needs to be investigated further. This presentation will attempt to describe the drug use situation among youth, challenges faced by both the user and treatment provider and finally it attempts to discuss approaches to address the situation.

S02

ENDOCRINE/METABOLIC UPDATES

S02, #1

New antidiabetic drugs

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Multiple pathophysiological mechanisms contribute to progressive hyperglycaemia as type 2 diabetes (T2DM) advances. There is frequently a need to combine antidiabetic therapies with complementary mechanisms of action to target optimal glycaemic control. The major challenge faced while addressing glycaemic lowering is the risk of hypoglycaemia and associated weight gain, adverse effects commonly associated with the use of insulin secretagogue and intensive insulin therapy. Currently, an important aspect of selecting antidiabetic drugs is the long-term cardiovascular safety and potential benefits, beyond glycaemic control. Moreover, metformin is still the preferred first-line oral antidiabetic medication in view of minimal hypoglycaemic risk, weight neutrality and earlier evidence for cardiovascular safety. New antidiabetic therapies are usually used early together with metformin for synergistic effect on addressing hyperglycaemia.

The relatively new antidiabetic drugs, incretin-based therapies and sodium glucose transporter inhibitors (SGLT-i) have very low hypoglycaemic risk, may promote weight loss and has increasingly been shown to provide cardioprotection in the long-term, as shown in large scale cardiovascular outcome trials (CVOTs). The SGLT-i, with effective glycaemic lowering from inhibiting renal glucose reabsorption and promoting glycosuria result in cumulative caloric deficit enabling weight loss. The associated diuresis has proven favourable in optimizing blood pressure control and reducing hospitalization for heart failure, and improving renal endpoints as seen in EMPA-REG and CANVAS trials. However, there is a concern for bone safety and lower limb vascular events with specific SGLT-i.

The incretin therapies consist of the oral DPP-4 inhibitors and injectable GLP-1 receptor analogues (GLP1-RAs). The DPP-4 inhibitors have a modest effect on glycaemic lowering, are favoured in the elderly and can be used effectively in all stages of chronic kidney disease. The GLP1-RAs are more potent glucose lowering agents, augment satiety and reduced caloric intake with resultant weight reduction. In the CVOTs, SUSTAIN 6 and LEADER with semaglutide and liraglutide, there was a reduction in major adverse CV events (MACE). In patients with T2DM and cardiovascular disease, there is strong recommendation that either a SGLT2-i or a GLP1-RA be part of the antidiabetic therapy to address CV risk reduction. Ultimately the choice of antidiabetic therapies should be individualized towards optimal glycaemic control and improved long-term patient outcomes.

S02, #2

Are statins safe?

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“There is a dose-dependent, log-linear association between absolute LDL cholesterol (LDL-C) and cardiovascular risk. This association is independent of other cardiovascular risk factors and is consistent across the multiple lines of evidence” (European Atherosclerosis Society consensus statement, 2017). The benefit of CV risk reduction from lowering plasma LDL-C is dependent on the individual's baseline CV risk, LDL cholesterol, and duration of lipid-lowering therapy. In addition, in those at high CV risk, reducing LDL-C earlier rather than later is advised.

However, the reality is very different! Opinion on statin use and safety has been the subject of much public debate. This has influenced uptake of statins among patients – with adverse consequences when those at high risk have stopped statin therapy. A Pan-Asian CEPHEUS survey in 2012, which included Malaysian subjects, found that among 7281 Asian adults aged >18 years, only 49.1% of Malaysians subjects on lipid-lowering therapy reached their LDL-C targets. It also found that 35.9% of these patients did not have any dose adjustments despite being above their target LDL-C. In a more recent update (2015), global estimates revealed broadly similar findings. In the USAGE internet-based survey, of the 10,138 respondents, 12% had discontinued – the primary reason for discontinuing (62%) was side effects – most commonly, statin associated muscle symptoms (SAMS). In the majority of patients with SAMS, there is no accompanying increase in CK. Statin-associated myopathy, where the CK increases >10X upper limit of normal is rare, with an incidence of 1 per 10,000 patient per year. SAMS is likely if the symptoms regress rapidly within weeks of stopping statins or recurrence within 1 month of re-challenge. A recent analysis suggesting increased risk of developing diabetes is seen in those given statins. The CV benefits of statins far outweigh the risk – statins prevent CV events 8X more than cause diabetes. Individuals with clinically relevant SAMS/statin intolerance should be offered alternative and/or novel therapeutic regimens that can satisfactorily address their CVD risk.

S03

WOUND MANAGEMENT

S03, #1

Advances in wound care

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Many advance therapies are now available which are helpful in wound management. They can be used together with the conventional management. With microcurrent therapy, there is an increase in perfusion and reduction in wound area and pain. Successful cases (as reported in the Journal of Wound Care) will be illustrated. Monochromatic infrared therapy increases the nitric oxide levels which results in vasodilatation. This modality can be used in cases of in diabetic foot and peripheral neuropathy. The wound healing societies of the German speaking countries have popularised the acronym MOIST; O stands for oxygen, suggesting that oxygen is important when we manage chronic complex wounds with various aetiologies. Other advance therapies in wound management include plant stem cells, biotherapies, digital imagery, topical oxygen therapy, and topical haemoglobin spray.

S03, #2

Holistic wound management in primary health care

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For almost two thousand years, the mainstay of wound management focused on drying the wound site with absorptive gauze to assist wound closure and prevent complications. Over the last few decades, wound care has evolved to maintain a moist wound environment instead. Modern wound dressing had become more popular over the years and this technique has proven to help accelerate wound healing, and reduce complications. Wound dressing has always been one of the services provided in primary health clinic however the challenges encountered included inadequate clinic infrastructure, knowledge deficit regarding modern wound dressing among healthcare providers and non-availability of modern wound dressing products. A holistic approach in managing wound involves identifying, gathering and interpreting information about the patient and wound to ensure accurate diagnosis, appropriate treatment given, to help in ongoing monitoring process and prevention of complications. The use of a standardized and systematic method of wound evaluation will assist the physician in the accurate investigation of the wound, with the general goal of assuring optimal wound healing in addition to better patient outcomes. As more and more complicated wound cases surface, it is paramount to have professionals equally competent and qualified to face these challenges head on.

Keywords: holistic wound management, primary health care

S03, #3**Needs assessment to implement a coordinated wound care model between primary care clinics and hospital based wound care clinics****Myint Thaung¹, Tin Myo Han²**¹Representative of Myanmar, Asian Wound Council; ²Founder, Primary Care Research Unit, Myanmar General Practitioners' Society
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Abstract: Chronic wounds impose a significant and often underappreciated burden to the individual, the healthcare system and the society as a whole. The steady rise of wound care centres reflect increasing prevalence of the patients with wound problems. Patient centered and multidisciplinary team care are well suited to provide efficient wound management and ensure best practices in the hospital setting. Besides, coordinated wound care plan is recommended to provide equitable, accessible, effective and integrated wound care services across different health care setting applying timely referral and counter-referral pathways. Engaging with primary care providers in a shared care model is also recommended for wound care whereby primary care physicians deliver the majority of care in collaboration with secondary and tertiary level experts. However, limited evidences regarding the coordinated wound care model between primary care clinics and secondary/tertiary hospitals and its effectiveness highlighted a gap between policy and practices. Hence, a need assessment survey is a starting point to get true picture, needs of the both patients and wound care providers which may assist in designing to implement coordinated wound care model between primary care clinics and hospital-based wound care clinics. In this wound symposium, needs assessment to initiate a center of excellent for wound care in Myanmar in terms of SWOT analysis on multidisciplinary team approach, coordinative care between hospital and primary care clinics, and patients empowerment for chronic and complicated wound care will be presented.

Keywords: Needs Assessment, Coordinated Wound Care, Primary Care Clinics, Hospital Clinics

S04**YOUNG DOCTORS****S04, #1****Engaging public through social media****Dr Siti Shuhaizam bt Mamat Raduan**Family Physician, Academy of Family Physicians of Malaysia.
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Engagement is a very important concept in public relations in many organisations and industries, including the healthcare industry. With the emergence of social media, organisations have moved from conventional way to using the social media platforms to interact and communicate with publics, to further build and cultivate relationships with individuals, or groups of interest. The objectives of the lecture are to provide primary care professionals with in-depth understanding on what is social media, which platforms to choose to ensure success in public engagement, the approach, the expected outcomes and the limitations of using social media in engaging public in healthcare industry in general and primary care profession in particular.

Keywords: Public engagement, social media

S04, #2**Entrepreneurship to anticipate disruptive era of the fourth industrial revolution****Dr Erfen Gustiawan**

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In the 4th industrial revolution, young doctors are facing challenges in how using IT progress in real clinical setting. Patients and doctors are connected by technologies, including patients and other health workers. More simplified medical services by using minimal invasive technologies have made primary care become interesting again in the future, especially in cutting cost of national health insurance program. This disruptive process is running fast and should be anticipated by young doctors. One of the best approaches in dealing with this issue is by working on health care technopreneurship. The basic competency is getting started with medical entrepreneurship. Entrepreneurship is basic survival skill in modern era. To be a good entrepreneur, someone should has entrepreneurship spirit. Entrepreneurship spirit is not only about owning a business, but also integrating various kinds of innovations to be real implemented. As long as a young doctor has innovation in their daily works, they have already had entrepreneurship spirit. In fact, young doctors are still lacking of entrepreneurship training even though they are young, innovative, and full of spirit. Thus, the Rajakumar Movement (Young Doctors Movement in Asia Pacific Region) will encourage entrepreneurship workshops that will fill the gap by stimulating young doctors to become entrepreneurs. Those workshops and trainings will stimulate young doctors about their new ideas and how to make basic business plan. They will also get assignments that can be followed after the workshop. By following their assignments, they can be continuously encouraged to realize their business plan. By doing entrepreneurship projects, young doctors can get independent funding support from external sponsors who can be investors of the project. In fact, entrepreneurship project, such as primary care clinic establishment, can be a big project which can involve any other young doctors activities e.g research, pilot projects, teaching their juniors, etc. Finally, entrepreneurship is one of the most interesting and challenging programs for young doctor that should be supported by World Organization of Family Doctors (WONCA).

S04, #3**Facing primary care challenges in Malaysian field hospital****Lt Col Dr Nurzeti Binti Shaik Ahmad**Ministry of Defense, Malaysia
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Health and medical services is a main component in Humanitarian Aid and Disaster Relief (HADR) missions and primary care services are essential at all level of HADR capabilities. Malaysian Field Hospital is a level-3 field hospital in Cox's Bazar Bangladesh. It is a Malaysian government initiative in the form of government-to-government engagement to provide healthcare services to the 1.2 million displaced Rohingya refugees in Bangladesh.

Providing healthcare in a complex emergency situation comes with many challenges that are inadequately mentioned in the text books. Thus I would like to take this opportunity to share our experiences that maybe beneficial for other primary care providers interested in

joining future HADR missions. The presentation will outline all problems faced by our team and how we tackled them in practice. Less words and more pictures guaranteed.

S05

INFECTION: THE UNFINISHED BATTLE

S05, #1

Tuberculosis in healthcare workers

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This lecture aims to provide primary care professionals with an overview of tuberculosis (TB) among healthcare workers (HCWs). TB remains one of the most common infectious diseases globally. HCWs are at higher risk of TB because of frequent occupational exposure and inadequate or inappropriate personal protective equipment usage. In Malaysia, the TB incidence rate is increasing among HCWs and double that in the general population. The WHO estimate on TB incidence rate among HCWs is a rate ratio of 2.4 times for countries with intermediate TB burden (including Malaysia). An effective prevention and treatment in this high risk group is a key element in reducing the overall TB morbidity and mortality in this country. Thus, TB control programmes in Malaysia aims to refocus and implement effective TB infection control measures in healthcare facilities to prevent further TB infection among HCWs.

Keywords: Tuberculosis, healthcare workers

S05, #2

Ending AIDS by 2030: challenges ahead

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In 2014, the Joint United Nation (UN) Program on HIV/AIDS announced their goal to end AIDS by 2030. Ending does not mean zero incidence; the working definition is to turn the HIV infection from epidemic to an endemic, i.e. transmission is only between two individuals, not to the society at large. This can be measured by the number of new infections in 2030 to be reduced to less than 10% of that in 2010.

Ministry of Health Malaysia has laid down a fast track target to help achieve this. By 2020, 90% of people living with HIV (PLHIV) should know their status, 90% of PLHIV who know their status should be started on anti-retroviral (ART) treatment and 90% of those on treatment should be virally suppressed. However, as of 2017, only 83% of PLHIV knew their status and out of this, only 54% had been started on ART.

Malaysia is experiencing a change in the HIV landscape, whereby the majority of new infections are contributed by "men who have sex with men" (MSM) activities. MSM tends to have low perception of HIV risk and thus, were often diagnosed late in advanced HIV disease. The drug users, on the hand, were usually diagnosed early e.g. in prison, but often not efficiently linked to care. Thus, early diagnosis and good linkage to care is crucial because the longer the PLHIV

remains in the viraemic state, the higher the risk of viral transmission. Besides provision of methadone for drug users, effective preventive program in health clinic should include provision of condom, pre-exposure prophylaxis (PrEP), rapid ART initiation and risk reduction counselling. Approaching the key affected population, especially the hidden MSM, retaining the PLHIV in care and convincing health providers regarding rapid ART initiation are some of the challenges faced in hitting Ending AIDS target.

Keywords: Acquired Immunodeficiency Syndrome; HIV Infections

S05, #3

Shunned but not forgotten: challenges in leprosy management

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Leprosy is still an important global health concern in many developing countries and it causes disability in 2 million people worldwide. In Malaysia as a country, the elimination status which was defined by World Health Organisation as attaining a level of prevalence below one case per 10,000 population was achieved in 1994 and in the state of Sarawak it was achieved in 1996. However, leprosy is still highly prevalent among the indigenous Penan in Sarawak with an ethnic specific annual prevalence rate of 5.5 per 10,000 population compared to 0.07 per 10,000 population for the rest of the population in Sarawak from the year 2000 to 2013. This symposium aims to provide an overview of the prevalence of leprosy among the different ethnic groups in Sarawak, sharing findings from the active case detection activity in a Penan settlement in Sarawak and challenges in leprosy management among the indigenous Penan in Sarawak.

S06

FAMILY MEDICINE POSTGRADUATE TRAINING 1

S06, #1

Family medicine post-graduate training

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Family Medicine emphasises on providing comprehensive physical, psychological and social care for the patient and his family through all stages of life.

For a medical graduate in Malaysia who is interested to pursue Family Medicine, he/she will have to complete two years of housemanship (internship) and another three years of compulsory service before he/she can enrol into a post-graduate programme.

Family Medicine trainees in Malaysia at present have the opportunity to select one of the following programmes to qualify as a Family Physician:

- 1) Masters of Family Medicine offered by six local public universities (i.e., UM, UKM, USM, UiTM, UPM and UIA)
- 2) The Conjoint MAFP/FRACGP (collaboration between Academy of Family Physician of Malaysia and Royal Australian College of General Practitioners)

- 3) MICGP (collaboration of RCSI & UCD Malaysia Campus and Irish College of General Practitioners).

Primary health care system needs revamping, and Family Physicians should be at the forefront.

S06, #2

Training issues and challenges

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There is a dearth of health workforce in primary care in developing countries is a continuing problem. Few medical students are pursuing this career track despite the call for reforms in basic medical education to enhance experiences of students in primary care. This is the root cause of most of the issues of implementing postgraduate medical education in family and community medicine in the Philippines. This poses a challenge in the context, content and intended product of the training program that has to be designed.

Most educators involved in postgraduate training think of better ways to improve methodologies in teaching and learning but one may be remiss in looking into the continuum of basic medical education and postgraduate education in family medicine. Current generation of medical graduates are exposed on transformative and technology-driven learning environment. The shift of competency-based paradigm to outcome-based framework have great implication in the competencies of the new medical graduates, where social accountability, teamwork, management and leaderships skills are emphasized. The big question that has to be answered are: (a) "What will postgraduate training in family medicine add-on to these competencies"; (b) "What would this training focus on? Will it be solely on primary care competencies? Or will this include hospital competencies also?"; (c) Will the training be community-based? Or Hospital-based?

It is hoped in the discussion during the conference that issues shared among different countries in the ASEAN region will bring about answers to these dilemma in postgraduate family medicine training.

S07

NON-COMMUNICABLE DISEASES

S07, #1

Overview of Enhance Primary Care (EnPHC)

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Enhance Primary Health Care (EnPHC) is an initiative that has taken place in 20 demonstration public health clinics (klinik kesihatan) following the recommendations of the Malaysia Health System Research (MHSR) towards the second half of 2017. We aim to strengthen existing health care delivery platforms via this initiative. At this initial stage the main burden of disease of the nation will be addressed namely 3 main non-communicable diseases (hypertension, diabetes mellitus and dyslipidaemia). This initiative comprised of 3 major interlinked components that transforms the experience

of an individual's health care journey at primary care. It consist of initiatives at the community level, within the clinic and within the extended network of referrals. The details of the initiatives will be shared at the symposium.

After about 9 months of implementation there was an improvement in the process of care of the 3 identified NCD's within the clinic and good compliance to clinic and referral appointments. We were able to address the gaps in continuity of care that was identified during the MHSR during the referral and counter referral process. Currently this initiative is being continued at the initial 20 sites and will be upscale to 20 more sites this year. Plans are on the way to roll out nationwide in stages. Challenges faced during the implementation of this initial stage of EnPHC and steps taken to overcome them will be discussed.

S07, #2

Addressing the growing burden of non-communicable diseases (NCDs) in the ASEAN region - a health system perspective

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Non-communicable diseases (NCDs) are now the leading case of morbidity and mortality in the ASEAN region and this burden is projected to increase in the years to come. Successful prevention and management of the diseases requires well-functioning health systems. The World Health Organization (WHO) describes a health system as a building blocks which consisted of six components: service delivery; healthcare workforce; information; medical products, vaccines and technologies; financing; and leadership and governance. The ASEAN region consisted of many countries with various socio-economic condition which lead to variation in their health system functioning and capacities to manage the NCDs. One study found that quality of health care governance is associated with variation in diabetes prevalence across Asian countries. Various weakness in each of the components of the health systems especially in ASEAN countries needs to be discussed and several interventions targeted to each of the components which reportedly work in other countries/setting need to be identified and studied. The collaboration of primary care physicians associations in the region needs to continuously attempt to contribute to the effort in controlling the growing burden of non-communicable diseases in the ASEAN region. A multicentre study on the roles of the health system in NCDs management involving the ASEAN countries need to be further discussed as a follow-up of this conference.

Keywords: non-communicable diseases, health system, ASEAN region

S08

MULTIDISCIPLINARY ISSUES

S08, #1

Sexual and reproductive health in disaster and emergencies

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Sexual and Reproductive Health (SRH) is a significant public health need in all communities at all times. As stated in the outcome document of the Rio+20 United Nations Conference on Sustainable Development, universal access to reproductive health, including

family planning and sexual health is needed and should be integrated into national strategies and programmes including national Disaster risk reduction Management (DRRM) programs.

In emergency situations, the provisions of SRH services is often overlooked and not given much thought. Focus is usually more on the management of trauma cases, communicable diseases and prevention of public health emergencies. The lack of SRH services during these difficult times is a reflection of social inequity because disasters and emergencies have a disproportionate effect on the affected and displaced population. Its effect on the poorest and most vulnerable groups like women and children is greater than on other cohorts.

This discussion hopes to discuss the importance of integrating SRH in all aspects of health emergency and disaster risk management both for immediate health needs such as saving lives in obstetric complications, preventing unwanted pregnancies, transmission of STI and HIV, prevention and management of gender-based violence as well as in the recovery and rehabilitation phase of the disaster management cycle to support sustainable development of health systems and communities.

S08, #2

The challenge of value based cancer care in primary care: the role of family physician

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In Indonesia, cancers are still diagnosed at late stages (70%) and has develop multiple comorbid. The aging population and increasing the cancer survivor in the population has challenge us to improve the role of primary care in cancer care. Cancer must be managed as a chronic systemic disease.

The family physician (FP) as a specialist of life that understand his or her patient and family situation and understand the biochemical individuality of the patient has an important role as a frontline cancer fighter. Cancer is a very complex condition and should be managed comprehensively. This include all of the following: cancer prevention and early detection programs (by promoting a healthy lifestyle, vaccinations, and cancer screening programs); as a care collaborator in multidisciplinary teams to prevent cancer death and to deliver high quality cancer care (by managing epigenetic, nutrition, mental support, financial management, and family social support); and as a care provider for patient and the family in end of life stage.

There are many barriers for effective collaboration between FP and cancer specialist. First, general barriers that both affecting FP and specialist such as lack of define roles in the different disciplines; patient education, preferences, and biases; lack of effective cancer registry and digital communication; paucity of evidence-based strategy to promote this cooperation. Second, barriers from the FP such as lack up-to-date, relevant information source in a rapid changing field, patient overload that limit the evaluation and management session in primary care, lack of survivorship care plans. Third, barriers from cancer specialist such as threat of reimbursement loss, concern that FP don't have enough knowledge and capabilities in the potential benefits of antineoplastic therapy, surgery, and radiation therapy; lack of financial incentive to support development of survivorship care plans; shortage of cancer specialist.

Keywords: cancer care, primary care, family physician, value based care

S08, #3

Primary care centres of excellence as a strategy for universal health care

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Philippines

In preparation for preparing the implementation of the recently promulgated Universal Health Coverage Congressional Law in the Philippines, the Department of Health in collaboration with European Union developed a Family Medicine Strategy to enhance the number of students and trainees choosing primary care as a career. It was the trajectory of this project to transform one Rural Health Unit per region into a Centre of Excellence for Primary Care through professorial visits of foreign Family Medicine experts. Due to unavailability of the international expert from the first COE, this second one utilized a local expert (the author) to provide a positive experience on primary care early in the formative educational ladder. This project specifically provided the first success of affiliating with 2 regionally situated medical state universities for future curricular student placement. A successful immersion camp on Primary Care using co-curricular student cohort, showing encouraging outcomes measured both qualitatively and quantitatively. Organizational transformation for the Rural Health Unit was also initiated through role modelling and adult inter-professional straining strategies utilizing global standards and frameworks of primary care practice especially that aligned with family practice. Evidence-based support for the motivational impact of capacity building focused on primary care for staff, student camp participants, even extending to the community health workers was obtained. Institutionalization of this capacity building in collaboration with stakeholders, though complex and bureaucratic, was found to be doable and promising by this pilot study, with lessons learned: timely multi-level stakeholder preparation, a well-represented interdisciplinary think-tank preferably spearheaded by Family Medicine, official accreditation process as centre of excellence, a checklist that must be followed for selecting the health unit, and proposed government funding for sustainability of initiatives and gains.

S09

FAMILY MEDICINE POSTGRADUATE TRAINING 2

S09, #1

Credentialing

Assoc Prof Dr L G Goh

Singapore

In Family Medicine Postgraduate Training, credentialing may be defined as primary source verification of a Family Physician's education, training, work experience, licensing and skills. Such credentialing processes become important as a discipline matures and training requirement standards need to be met and maintained.

Credentialing is a relatively new area of training standard setting and assurance. It will assume greater and greater importance as the discipline of postgraduate Family Medicine matures. To set up a credentialing system, there are several tasks that need to be looked into. These are: (1) A body appointed by the institution or

government to provide the terms of reference for the accreditation processes; (2) the requirements to be fulfilled by the credentialed candidate need to be defined, as example, the licenses for practice and training that the person needs to have, and the years of practice and teaching to be fulfilled e.g. 5 years postgraduate practice experience; (3) the processes for administration of the credentialing system, including provision for appeals and provision for reviewing one's credentials for continued provision of training services; (4) documentation of credentialing requirements met by a person being credentialed; and (5) disciplinary processes for lapses in standards of training and complaints against the credentialed person. There are also privileges for the person credentialed such as appointments, roles, and responsibilities to be entrusted for training outcomes.

S09, #2

The road to the establishment of family medicine education in Indonesia (1981-2019): a long journey with the new beginning

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Development of Family Medicine in Indonesia experienced three phases since 1981 until now, which consists of:

Emergence Phase (1981 - 2004)

Awareness of the needs of Family Medicine was started by a group of physicians who were not only consist of general practitioners, but also including obstetric gynecologist specialist, orthopedic surgeon, and pediatricians. In 1981, they founded a group called Family Physician Study Group. In 1990, the organization was transformed into College of Indonesian Family Physicians, then in 2003 transformed again to Indonesian Association of Family Physicians (IAFP). Many activities were carried out by this organization, among others were giving the title "Expert in Family Medicine" to some doctors that already practice more than 15 years as general practitioners with good reputation, mostly are medical teachers from various universities in Indonesia; another activities were conducted family medicine training packages A and B as a basic training for GPs; after completing several requirements and trainings, IAFP then recognized all these GPs as family doctors through the conversion program.

However, the development of family medicine as a body of knowledge and branch of medicine in the medical schools was still very limited. All these activities were bottom up, government's awareness of the importance of family doctors was low and only limited to a health program.

In 2002-2003 the needs of family doctor as first contact, which provides a comprehensive and continuous service instead emerged from PT ASKES which is one of the biggest Health Insurance in Indonesia who wants the service more cost effective.

Acceptance Phase (2005 – 2013)

In 2005, medical education in Indonesia underwent major changes, which turned from conventional curriculum into a competency-based curriculum. One of the key persons in these changes is the chairman of IAFP, so that the orientation of medical education in Indonesia is

family medicine, which supported by a variety of WHO documents that mention the role of family medicine in meeting the society needs. Unfortunately, this does not go smoothly because of the limitations of educators who understand family medicine, especially at this time in Indonesia there has been no post-graduate education for family medicine. Undergraduate education more taught by hospital-based specialists. Not surprisingly, then graduate physicians produced more curative oriented.

Establishment Phase (2013 – now)

The impact of curative service-oriented reflected in unsatisfactory results of national health survey and the achievement of Millennium Development Goals. The government then makes a fundamental change by established national program of primary care physicians (PCPs) through post-graduate education. At the same time, in early 2014 Indonesia began with the National Health Insurance system called universal health coverage with tiered service system so that the role of PCPs as gate keeper and the initial filter all health issues are crucial.

Currently, Indonesia is developing a post-graduate education for PCPs called Primary Care Family Medicine Specialist (PCFM) with the body of knowledge are family medicine, community medicine and public health. Many challenges from various stakeholders including general practitioners who are now settled in practice, medical professional organizations, specialists, and even educators who do not yet fully understand the importance of PCFMs to meet community needs in the era of universal health coverage. With the grace of God Almighty, synergy and advocacy to all stakeholders, finally, Indonesia's family medicine post graduate education was approved.

Keywords: family medicine, post graduate education

S10

ELECTRONIC MEDICAL RECORDS

S010, #1

Electronic medical record as quality improvement tool

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Electronic medical records (EMR) improve quality of care, patient outcomes, and safety through improved management, reduction in medication errors, reduction in unnecessary investigations, and improved communication and interactions among primary care providers, patients, and other providers involved in care. Thus, EMR offers a valuable tool for quality improvement initiatives. The effective use of health information technology (IT) by primary care practitioners can help them to increase their ability to deliver high quality care and achieve better patient outcomes. Quality improvement involves using data and feedback to track and assess performance over time and to make necessary changes in processes to improve performance. Health IT can support QI in many ways through data extraction and analysis enabled by electronic health records. This presentation will also highlight the strategies and initiatives that will further improve the quality. Emphasis is given on chronic disease and the impact of EMR implementation on its outcomes.

S010, #2**Pain management audit****R Abdul Rashid¹, M M Hoi², M F Mohd Wahiza³**¹*Family Medicine Specialist, Klinik Kesihatan Karak, Malaysia;*²*Pharmacist, Klinik Kesihatan Karak, Malaysia;* ³*Pharmacist Klinik Kesihatan Mempaga, Malaysia.*

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Backache is a common problem faced in primary care. However, there is limited data on the pain management audit in primary care. We use data in the tele-primary care (TPC) as an audit tool to provide us information on the prescription pattern for backache. The findings will enable us to evaluate our pain management quality in terms of medication prescription and improve it regularly. Findings from this audit shows that the majority of patient was given paracetamol followed by diclofenac. These findings differ from a similar study done 5 years ago which showed the reverse. The data derived from TPC enable us to study the prescription pattern of prescriber and bring forth improvement in the management of patient care in primary care clinics.

Keywords: Backache, analgesic, primary care, electronic medical record

S11**POINT OF CARE TEST: PROS AND CONS****S011, #1****The future of point of care testing****Datin Dr Baizurah Mohd Hussein**

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The goal of POCT is to provide rapid results for immediate management of to improve patient outcomes compared to those results obtained from the main laboratory.

The pressures for cost reductions, reimbursements requires a fast turnarounds and shortened hospitalisation. Technological advances in laboratory testing and methods Point-of-care technology and wireless networks fit hand-in-glove in health care. The improvement in information management and Web-based solutions have made it possible to move information to view and maintain operator lists, view and correct results records, conduct and certifying training, monitor and re-certify competencies, and have immediate access to data from patient electronic medical records. Connectivity to Data Management Systems, LIS or HIS, data download on USB stick or direct to PC, external devices such as printer or barcode scanner and large patient data storage allows fewer people to do more. Newer technologies like Biochip and Biosensor chip for enzymatic detection and quantification, microfluidics test card systems, Molecular Diagnostics Platform and Multiplex Detection Platforms, Integrity Optical Biosensor, RapiPlex microfluidics immunoassay, Paper-based microfluidics card, RFID skin patch for glucose monitoring, Laminar flow diffusion cards, Nanopore, Magnetic nanoparticles, LAMP, POC Nucleic Acid Tests (NAT), PCR on a chip. The advances include robust, maintenance, service-free device with wide operating temperature and humidity range. Future systems in medical management with a stronger weight in self-management would boost the development POCT devices. These devices include

from wearables, ingestibles, and non-invasive technologies. These trends must fulfil the challenges of health care.

Keywords: Point of care testing, future

S011, #2**Challenges in POCT****Dr Ana Daliela Masiman***Chemical Pathologist, Hospital Melaka, Malaysia*

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Point of care testing (POCT), or near patient testing, is a term used to describe laboratory testing performed usually by non-laboratory staff – mainly medical and nursing staff, outside the main laboratory. POCT can be advantageous in situations requiring rapid turnaround time of test results for clinical decision making. Although there are many benefits of using POCT devices in terms of their convenience, establishing a POCT indeed is a challenging job. There are many challenges associated with POCT, mainly related to quality assurance. POCT is performed by clinical staff rather than laboratory trained individuals, this can lead to errors resulting from a lack of understanding of the importance of quality control and quality assurance practices. POCT is usually more expensive than testing performed in the central laboratory and requires a significant amount of support from the laboratory to ensure the quality testing and meet accreditation requirements. Specific challenges related to POCT compliance with accreditation include documentation of POCT orders, charting of POCT results as well as training and certification of individuals performing POCT. Other biggest challenges are gaining physician and nurse allies and turning non-laboratories into testing personnel, all while ensuring adherence to best practices and regulatory agency standards. POCT implementation requires a systematic approach which involves all stakeholders. Healthcare organization shall made an effort and full commitment in establishing a complete POCT set up.

S12**QUALITY IMPROVEMENT PROGRAMME****S012, #1****Practice accreditation, review and audit of medical records at the workplace****Prof Dr Kwa Siew Kim***International Medical University, Malaysia*

One of the important roles of a doctor is to teach. Unfortunately, doctors are not formally taught on the correct methods for teaching and assessment. Hence it is very important for doctors who are involved in postgraduate teaching to be trained in Medical education. In Family Medicine postgraduate training, we have “mentors” to guide and assess our postgraduate candidate’s training, progress and assessment.

The aim of this workshop is to train Family Medicine teachers on practice accreditation and how to conduct workplace-based formative assessment and training of our Family Medicine trainees at their own practice or clinics.

This lecture will take them through the use of medical records to assess and audit the patients’ management by postgraduate trainee doctors and to check on the suitability of the practice for postgraduate

training. In addition, the subsequent workshop will train the Family Medicine teachers on what to detect in terms of strengths and weaknesses of the trainees in their consultation and management skills. It is important that these teachers learn the correct way to deliver timely, constructive feedback for improvement.

S012, #2

How to conduct precepting in the practice or clinic

Dr Khasnur Abd Malek

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Precepting involves an instructor, so called a preceptor who is an expert in his or her specialty to teach and guide a preceptee. During precepting, preceptor provides the vital link between the concepts and evidence-based approaches to optimum care. Meanwhile, preceptees are observed of their clinical competency in a real clinical setting specifically, in undertaking matters related to day to day consultation relevant to primary care setting. These provide the preceptees with the opportunity to have an in-depth experience and learning approaches that can be used in subsequent clinical encounters.

The aim of this workshop is to provide information on what it means to become a preceptor and to discuss on the practical strategies to facilitate precepting within the primary care setting.

Several tips will be discussed; integration of theory with practice, consolidating knowledge, prompting reflective learning, and nurturing preceptees into their profession. The preceptor and the precepting process are the keys to a successful preceptorship.

S012, #3

Giving feedback

Dr Ilham Ameera Ismail

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The art of clinical medicine is passed down from one generation to another by way of teaching and mentoring. This long tradition is mentioned in the Hippocratic oath itself. An important aspect of the mentoring and teaching involves giving feedback. Feedback, if done well, can enhance a learner's thirst for knowledge, help to identify gaps in learning and would improve the overall clinical management. However, a feedback could also be the cause of stress, cause the learner to stop learning, demotivating or even give a sense of achievement when it is not due. These would ultimately deviate from the intention of enhancing the learner's clinical management and judgement.

The aim of this workshop is to re-introduce the concept of constructive feedback in teaching for the mentors involved in the postgraduate programme of the Academy of Family Physicians of Malaysia. In this workshop, the mentors will be given a step by step guide to giving a positive or negative constructive feedback. Both the teacher and learner would benefit from a session with good constructive feedback sessions. The skill of giving constructive feedback can also be translated to the practice and used in day-to-day communication with staff, patients and in managing a practice.

WORKSHOP

W01

MEDICAL WRITING

Assoc Prof Dr S M Liew, Chief Editor, Malaysian Family Physician
Assoc Prof Dr P Y Lee, Deputy Editor, Malaysian Family Physician

Medical scientific writing and publication is an important component of evidence based medicine and should be an important part of clinical work. Yet many clinicians find this task challenging. The aim of this workshop is to introduce medical publication writing to participants. There will be two lectures: firstly on why writing and publishing is important and a step-by-step guide on how to start. Secondly, there will be an overview of the different types of articles that can be submitted for publication and the reporting guidelines for different study designs. The facilitators will also lead a discussion on the challenges of writing and how to overcome these difficulties.

Keywords: Medical writing, research, publishing

W02

CLINICAL TIPS AND QUIZZES

W02, #1

Radiology quiz

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The quiz focuses on interpretation on chest X-ray (CXR) which is widely used in imaging investigation to help diagnose and guide further imaging requirement needed for the pathology/diseases of cardiothoracic, upper abdomen and underlying thoracic cage. In the presence of more powerful imaging modalities for example Computed Tomography (CT) and Magnetic Resonance Imaging (MRI), CXR is one of the more challenging imaging investigations to interpret. The image of a 3 dimensional chest is being captured on a 2 dimensional image. Resulting in overlapping of several different tissues with, at times have subtle differences in tissue contrast poses a challenge. Thus, it is important to know the anatomy, understand the pathology as well as having a system to scrutinize all areas in the CXR to detect any abnormalities. Correlation with clinical and biochemical findings is paramount to arrive at a reasonable diagnosis and differential diagnosis. This quiz demonstrates the use of different types of views of the CXR to maximize the detection of pathology and the limitation of such views. It also illustrates common pathology as well as the importance of anatomical and physiology knowledge to correctly locate the abnormality and interpret the CXR findings. Pathology within hidden areas are also illustrated to demonstrate the importance of being systematic in the evaluation of CXR. Last but not least is a set of PA and lateral CXR can detect most lesions and aids the decision of whether other further imaging investigations needed to be done. Limitation in CXR is that it lags behind clinical changes. CXR can be normal in the initial stage of infection and it needs to be emphasize that CXR findings cannot be taken in isolation. Take home message is that we treat the patient not patient's CXR.

W02, #2**Mastering the ECGs****Dr Gary Chin Keong Lee***Department of Cardiology, Serdang Hospital, Malaysia
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Electrocardiograms (ECGs) have always been interesting as well as intriguing. Since medical schools, we have been taught on how to read ECGs. At times, it can prove to be overwhelming especially to beginners who have just embarked in the journey of learning ECGs. However, for most ECG enthusiasts, ECGs bring about much excitement and thrill. Reading ECGs has over the years evolved as well, leading to overwhelming discoveries of new ECG criteria for many cardiac diseases. What used to be an adjunct diagnostic tool, now has become an important tool for diagnosis of various rhythmic disorders of the heart. Therefore, clinicians need to learn to master the art of reading beyond the ECG lines. ECG tracings have always been a good source of learning for medical students and practising doctors. Many spend hours looking into ECG tracings and deciphering them. Moreover, the hunger for knowledge and inquisitive nature of ECG enthusiasts has always kept the passion for ECGs very much alive. In addition, the learning of ECGs is a continuous process that will prove to be invaluable in our daily medical practice. It is with sincere hope that this workshop will ignite the passion for ECG learning and bring out the enthusiasm in each budding or existing "Electrocardiologist".

Keywords: electrocardiogram, ECG**W03****SKIN DIAGNOSTIC PITFALLS AND SIMPLE GUIDE ON EMOLLIENTS AND TOPICAL STEROID USE****Assoc Prof Dr M Leelavathi***Pusat Perubatan Universiti Kebangsaan Malaysia, Malaysia
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A vast majority of dermatological disorders first present at primary care hence it is important for physicians to equip themselves with some basic information on dermatological conditions and update on the latest available treatment to manage these conditions successfully. Identifying dermatological conditions is mainly based on clinical appearance of lesions. Some of these features may evolve as the disease progresses hence a good history and any early images of the lesion are helpful in making a correct diagnosis. This session on skin diagnostic pitfalls will showcase some diagnostic challenges and tips on how to make a correct diagnosis for common skin conditions.

Once the most likely diagnosis has been established, the next step would be to select the suitable treatment option. This can be challenging as there are many different treatment options and combinations available. However the basics principles of treatment for the individual skin condition remain the same. The fear of using steroids may be a barrier to successful management as some skin conditions respond well to topical steroids. This session will also provide a simple guide on the different types of emollients and

topical steroids available and how to use them. The knowledge of different strengths of topical steroids and the rate of absorption at different parts of the body helps to guide treatment selection. This information would help regulate topical steroid use and manage dermatological conditions optimally. However, atypical presentations or cases with poor progress to treatment should prompt physicians to obtain a second opinion or an early referral to dermatologist for further assessment (skin biopsy) and management.

It is hoped that this interactive session would provide useful information for primary care physicians to confidently diagnose and manage common dermatological problems presenting at primary care and make appropriate referrals if indicated.

W04**EVIDENCE-BASED PRACTICE****Assoc Prof Dr B H Chew¹, Assoc Prof Dr S W H Lee²***¹Department of Family Medicine, Faculty of Medicine and Health Science, Universiti Putra Malaysia, Malaysia ; ²School of Pharmacy, Monash University Malaysia, Jalan Lagoon Selatan, 47500 Bandar Sunway, Selangor, Malaysia.**chewboonhow@upm.edu.my; chewboonhow@gmail.com*

Evidence-based medicine (EBM) and practices (EBP) are about a proper use of clinical evidence described as the 5A's process: Assess a clinical problem encountered, Asking an answerable question, Acquire or track down the best evidence, Appraise the evidence, and Apply the evidence. This workshop will not address all these skills for EBP from an active end-user approach, but will cover from the smart producer-approach of clinical research and clinical epidemiologic perspectives. The skills involve getting informed of the latest and most relevant evidence to the user's practice in the shortest time possible, ability to judge the quality of clinical practice guidelines and to read systematic reviews, and ability to quickly decide on the quality of a clinical research and paper based on three major domains of relevance, credibility of the methods and usefulness of the results. Relevance of a research is assessed from three perspectives: scientific relevance, the composition of the research team and societal relevance. Four essential minimums are looked for in a research for it to be credible enough to motivate a practice change: data collection design, precision, important sample (external validity) and internal validity. Usefulness of the research results consists of it being important outcomes, providing meaningful estimates and fair conclusion that is supported by the research designs. Some critical knowledge on the hierarchy and quality of evidence will be shared with the workshop participants. Crucial and useful skills about searching for high quality evidence on online databases will be demonstrated. These sets of knowledge and skills are believed to be the more realistic needs of many clinicians and medical practitioners to keep selves updated, safe from being fooled by misleading findings, and stay proud to be a quality clinician and medical practitioner.

Keywords: Evidence-Based Practice; Epidemiologic Methods; Biomedical Research; Reliability; Validity; Data Quality

FREE PAPERS

FP01

The management of hypertension in a primary care clinic. Are we meeting the recommended standards?

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Introduction: The objective of this audit is to assess if the current practice of managing hypertension (HPT) in Primary Care Clinic, UiTM Selayang is consistent with the recommendations of the Malaysian Clinical Practice Guideline (CPG) on HPT (Fourth Edition).

Method: A retrospective audit of electronic medical records among hypertensive patients attending this clinic was conducted. Between 1 July and 30 September 2018, a total 1980 were seen in this clinic. Of these, 1292 patients were aged above 18 years and who had been followed-up at least three times. Patients who were transferred-in, secondary hypertensives, pregnant and above 80 years were excluded. Subsequently, every 4th patient was randomly chosen giving a final sample size of 323. The audit criteria include five structure, fourteen process and two outcome indicators. Data were analyzed using IBM SPSS Statistical Software.

Results: 12 indicators were successfully achieved. The clinic has an electronic medical record, a self-management booklet and online accessibility to the CPG on HPT. HPT risk factors were assessed whereby blood pressure (BP) and body mass index (BMI) were recorded at each visit as well as 92% fasting serum lipid and 98.5% fasting blood sugar/HbA1C were recorded yearly. Target organ damages were assessed whereby yearly renal profile and UFEME were documented at 91.6% and 71.8% respectively. More than 70% of patients were given advice on therapeutic lifestyle (diet and exercise). The majority of patients with diabetes and hypertension (85%) were prescribed on ACE-inhibitor/ARB. The clinic currently do not have a HPT registry and multidisciplinary team. Suboptimal recording was noted for the following: ECG (36.5%), smoking status (34.7%), waist circumference (27.6%), family history of premature CVD death (17.6%), and smoking cessation advice (9.9%). Only 24.1% achieved the target BP of $\leq 140/90$ and 12.1% of patients with diabetes and hypertension achieved $\leq 135/75$ mmHg.

Conclusion: This clinic is a well-established centre for managing HPT. However, with appropriate quality improvements, the management of HPT can be further improved.

Keywords: Hypertension; Primary Care Clinic

FP02

Brief pre-discharge counselling in changing active smokers' readiness to quit smoking in Hospital Universiti Sains Malaysia, Kelantan

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Introduction: Smoking cessation is a major challenge for smokers and health professionals alike. Hospitalization is a known motivating factor for smoking cessation. This study was conducted to identify the effectiveness of brief smoking cessation counseling for hospitalised patients in HUSM.

Methods: This was a two-arm open-label randomized controlled trial. The module used (counseling and pamphlet) had undergone face validation. A total of 94 precontemplating hospitalised smokers were randomly allocated into either the intervention or control group. The intervention group (n=46) received brief intervention counseling and pamphlet regarding smoking cessation whereas the control group (n=48) received usual care. All patients were given one month follow up to assess their readiness to change using Prochaska's transtheoretical model of change. Results was analyzed using Chi square test.

Result: Response rate of the study was 98%. 65% of patients from the intervention group had change their motivation towards smoking cessation compared to only 46% from the control group. However, results from Chi square analysis was not significant (P=0.065).

Conclusion: Brief counseling module may motivate precontemplation hospitalised smokers to stop smoking. However a different approach may be needed to get a significant result.

Keywords: Counseling, Smoking cessation, Smokers, Hospitals,

[FP03: Withdrawn]

FP04

Smear negative PTB in Kerian. Who are they?

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Introduction: Tuberculosis (TB) is a major public health issue worldwide, particularly in low- and middle-income countries. Smear-negative pulmonary TB (SNPT) represents 30-60% of all pulmonary TB cases, but this vary from country to country. The aim of this study was to identify the prevalence and the epidemiological characteristics of patients with SNPT in Kerian, the northern most district in Perak, Malaysia.

Methods: We reviewed secondary data from patients who was diagnosed and notified to Kerian District Health Office from 1 January 2015 to 31 December 2017. A case of pulmonary TB is considered to be smear-negative if at least two sputum specimens at the start of treatment were negative for AFB with compatible symptoms and chest radiographs for TB.

Results: A total of 448 TB cases were analyzed; 144 cases (32.1%) were smear-negative, 241 cases (53.8%) were smear-positive and 63 cases (14.1%) were extra pulmonary TB. The characteristics of SNPT were as follow: Malays (78.8%), male (65.4%) and elderly >65 years (29.2%). Non-diabetes (71.5%), non-smoking (64.6%) and HIV negativity (92.4%) had equal chances to be diagnosed with SNPT. The majority (59%) had minimal x-ray changes at presentation. A total of 93 cases (64.6%) completed treatment while 35 cases (24.3%) had died during treatment.

Conclusion: Prevalence of SNPT in Kerian was 32.1%; slightly low as compared to other studies. There are much more to be done in detecting TB, as smear positive remain high in this area.

Keywords: Pulmonary tuberculosis, smear negative, Kerian

FP05

Pedometer-determined physical activity level among type 2 diabetes mellitus patients attending a university primary care clinic

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Introduction: Physical activity exerts many positive health benefits for patients with type 2 diabetes mellitus (T2DM) but locally, there is a lack of objective physical activity measurement. This study aims to assess the physical activity level among T2DM patients attending a primary care clinic.

Methods: A cross-sectional study was conducted between January and August 2017 in a university-based primary care clinic located in Selayang. Using convenience sampling, participants aged more than 18 years with T2DM of at least six months duration were recruited. Data on sociodemographic characteristics were obtained via face-to-face interview. Participants were instructed to wear a sealed pedometer, for seven consecutive days including weekends, from approximately 8.00 am until 10.00 pm, except during bathing, swimming and sleeping. They were specifically requested not to alter their activity during the study period. The average steps/day taken is obtained by averaging all steps taken over seven days. IBM SPSS Statistical Software version 24 was used for data analysis.

Results: A total of 250 patients were analysed. The mean age (SD) was 57.74 years (9.18), with slightly more males (51.6%, n=129) participants. Majority were married (90.4%, n=226), Malay (82.4% n=206), received up until the secondary level of education (45.2%, n=113) and unemployed or already retired 58% (n=148). Their average monthly income ranges from RM250 to RM30,000 per month. Participants' mean step counts over seven days was 4049.33 ± 1421.15 steps/day. More participants were inactive, 195 (78%) as compared being active 55 (22%). Among those in the active category, 49 (19.6%) were low active at 5,000-7,500 steps/day, and 6 (2.4%) were somewhat active at ≥7,500 steps/day.

Conclusion: In conclusion, the majority of this study population practised a sedentary lifestyle. Hence, strategies to increase physical activities should be emphasized.

Keywords: Physical Activity, Pedometer, Type 2 diabetes mellitus

FP06

Big studies of diabetes in malaysia: study characteristics and key findings

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Introduction: Underpowered study is a common statistical problem in clinical research. In the recent years, big studies involving diabetic patients are increasingly being published. This systematic review of big studies of diabetic patients in Malaysia aims to identify their characteristics and key findings.

Methods: We searched databases (PubMed, MyJurnal, Scopus and Google Scholar) for publications using the following search terms:

Malaysia, diabetes and humans. Big studies is defined as original research involving human subjects with sample size of at least 1000. The following data were extracted from the full text of included studies: author information (funding, international collaboration), and study information (study site, sample size, study focus, data collection method, study design). We exclude the following studies: studies in which diabetic is not a key variable, and systematic review/meta-analysis.

Results: We identified 83 publications arising from 44 specific studies; they were all published from 1998 to 2018. Two studies were distinct outliers where nine and sixteen publications were generated. Fifteen publications (18.1%) had international collaboration, most of them were sponsored by pharmaceutical industry. Among the Malaysian publications, most of them were cross-sectional studies from national surveys (e.g. National Health Morbidity Surveys) and registries (e.g. Adult Diabetes Control and Management registry, and other disease registries). Sixty-eight publications (81.9%) reported prevalence data (51 publications, 61.4%) or quality assurance (17 publications, 20.5%); relatively few studies were in the domain of diagnosis (n=3), prognosis (n=4) or drug therapy (n=5).

Conclusion: Big studies in diabetes in Malaysia were dominated by hospital-based registries/databases or community surveys. Despite diabetes being predominately seen in primary care, our contribution to big studies is small but beginning to be noticed. Efforts are needed to move beyond one-off clinical audit into cohort studies (e.g. prospective audit, long-term follow of multiple risk factors or clinical treatment).

Keywords: Diabetes mellitus, Malaysia, Publications

FP07

Looking for Malaysian primary care literature: the potential of MyMedR as a search interface

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Introduction: Comprehensive retrieval of Malaysian primary care literature is challenging; the main reasons are: they appear in multiple journals, and are indexed by different databases. The recent availability of Malaysian Medical Repository (MyMedR), an open-access database of Malaysian biomedical and health-related publications provided by the Academy of Family Physicians of Malaysia, offers an opportunity to evaluate the comprehensiveness of searching for Malaysian primary care literature.

Methods: Primary care literature is operationally defined as any publications that contains concepts related to primary care as well as contains primary care settings in the title or abstract or keywords. We used the above definition to construct a search of MyMedR. MyMedR is currently available gratis at <http://mymedr.afpm.org.my>.

Results: As of 31 December 2018, there are 62671 publications from 5422 journals in MyMedR. The total number of "primary care

publications" retrievable is 2053 from 336 journals. In contrast, a similar search conducted at PubMed retrieved only 750 publications.

Conclusion: Since MyMedR retrieved citations from two databases (PubMed and MyJurnal), the total number of primary care literature retrieved is likely to be more comprehensive than either database alone. The primary care search string, when combined with specific clinical search terms, can be used by researchers to identify relevant Malaysian primary care literature.

Keywords: Database, Malaysia, Primary Care, Publications,

FP08

Proportion of undiagnosed diabetic peripheral neuropathy and its associated factors among patients with type 2 diabetes mellitus in Gombak district 2017

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Introduction: Diabetic peripheral neuropathy (DPN) is a common complication of Diabetes mellitus (DM) and often underdiagnosed and inadequately treated. This study aims to determine the proportion of undiagnosed DPN and its associated risk factors among patients with established type 2 diabetes mellitus in community health clinics (klinik kesihatan) in the Gombak district.

Method: A cross-sectional study was conducted in two community health clinics in the Gombak district, between September and December 2017. Adults with T2DM were selected via systematic random sampling and screened using Neuropathy Symptom Score (NSS). Clinic records of participants on foot examinations were reviewed to detect positive findings of DPN and compared with NSS.

Results: The sample size was 425 patients. Majority had comorbidities; hypertension, dyslipidaemia and pre-existing DM related complications. About two-thirds of them did not perform daily foot inspection and did not have proper footwear. The proportion of patients with positive NSS was 49.4%. However, only 0.2% were diagnosed with positive DPN in their clinical foot examination record. Positive NSS was associated with uncontrolled diabetes and those with lower BMI.

Conclusion: One in two patients with established diabetes mellitus had positive NSS, however only 0.2% of patients had DPN on examination records. Most patients did not perform daily foot inspection and did not have proper foot wear. Proper screening and examination for patients especially those with uncontrolled diabetes and low BMI is crucial in identifying DPN. This is to ensure that these diabetic patients are provided with better preventative care such as proper foot care and strict diabetic control to avoid DPN related complications.

Keywords: Diabetic Neuropathy, Type 2 Diabetes Mellitus, Primary Care

FP09

Development of a 35-minute time-efficient, moderate intensity online exercise video protocol

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Introduction: All-cause mortality and cardiovascular disease can be reduced with improved cardiorespiratory fitness (CRF). This is achievable through regular moderate intensity exercise of at least 5 times a week. Hence, an evidence-based, time efficient exercise video protocol is developed for well individuals to improve their CRF level.

Methods: Primary care medicine specialists and exercise physiology experts collaborated to develop a moderate intensity exercise video protocol, with specific movements aimed to improve CRF based on American Academy of Sports Medicine recommendations. Components of the protocol comprised of aerobic training, resistance training, flexibility, neuromotor exercise (balance, agility and stability) and positive affective response to improve exercise adoption, adherence and maintenance. This 35-minute exercise protocol consists of 5-minutes of dynamic warm-up, 12-minutes of endurance interval consisting of three movement sets of upper-lower body (each set has two minutes of cardio and two-minute of strengthening exercises), 2-minutes of core muscle exercises and 10-minutes of cool-down stretching exercises with a total of 6 minutes of rest interval. Two exercise trainers in their 20s, who were screened with Par-Q, performed the videos. Real time heart rate, calorie burn and exercise intensity using wearable Polar® H10 chest strap were measured. The initial exercise protocol went through several changes to simplify movements for injury prevention and meeting the moderate intensity percentage heart rate.

Results: Percentage heart rate maximum (%HRmax) of at least 60% was observed as early as two minutes into the exercise protocol. The average calorie burn was between 216 and 379 kcal.

Conclusion: The 35-minute exercise protocol achieved moderate intensity training calculated based on %HRmax. Future interventional study is needed to objectively determine its effectiveness on increasing CRF and other fitness and affective components.

Keywords: Aerobic exercise; Online exercise video; Moderate intensity; Cardiorespiratory fitness; Exercise protocol

FP10

NCD status among health staffs of Kangar District Health Office

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Introduction: Non-communicable disease (NCD) is a major health issue in Malaysia. It is very important for those responsible for chronic disease management to show their good exemplary as they have the duty to advise patients to be healthy.

Methods: A cross-sectional study was conducted as part of the KOSPEN Plus programme implemented nationwide to screen NCD among health workers at their workplace. The total number of health staff were 961, and 73 were excluded (46 on leave, 16 pregnant, 11 incomplete biodata). Only staff working during the study period from Mac to June 2018 were included.

Results: Male gender, lower education and grade scales were factors associated with failure to present for screening. Nurses had the best compliance at 92%. The overall prevalence of NCDs were lower than the general population possibly because 13% of staff did not come forward for NCD screening and many refused further diagnostic tests. We noted the rate of obesity were much higher at 42.3% compared to National Health and Morbidity Survey 2015 (30.6% among the general adult population). The number of new NCD cases detected were also higher than the known cases.

Conclusion: This study revealed health staff were vulnerable to NCD

problems and also had poor compliance to screening and control. More concerted efforts are need to increase health staff's awareness in the control of NCD risk factors because the status of health care workers will also determine how well their patients are being treated.

Keywords: Non-communicable disease (NCD), health staff, health status, obesity

FP11

Does vocational training of family medicine trainees influence their knowledge, attitude and practice in the management of atrial fibrillation?

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Introduction: Atrial Fibrillation (AF) is known to lead to stroke and thromboembolism, doubling the mortality rate compared to patients in sinus rhythm. Optimal anticoagulant therapy has been shown to be effective in reducing AF related death. However, despite good evidence and availability of clinical practice guidelines, the use of anticoagulant therapy was low, being 0.5% to 28% in Malaysia, Singapore and China. This study aims to determine whether vocational training in family medicine improves the knowledge, attitude and practice of primary care physicians in the management of AF.

Methods: A cross-sectional study using a standard self-administered questionnaire was carried out among newly enrolled post-graduate trainees in Graduate Certificate in Family Medicine (GCFM) and senior post-graduate trainee in Advance Training in Family Medicine (ATFM) programme of the Academy of Family Physicians of Malaysia (AFPM), during their centralized workshops.

Results: A total of 265 trainees were eligible but only 223 trainees participated (84.2% response rate). The majority of respondents were working in the public primary care facilities (n=167, 75%). Only 44.1% of GCFM (junior) trainees passed the knowledge test, compared to 69.8% of the senior ATFM trainees. The improvement of 25.7% passing rate in knowledge score was statistically significant (p <0.001). However, there was no significant difference found in the attitude or practice in the management of AF for the two groups of trainees.

Conclusions: Vocational training in family medicine significantly improved the knowledge of primary care physicians in the management of AF. However, there was no significant change in the attitude or practice of their management of AF which may be influenced by other factors.

Keywords: KAP (Knowledge, Attitude and Practice), family medicine trainees, atrial fibrillation, anticoagulant.

FP12

Perceived quality of transitional care between a public general hospital and a health clinic in Seremban, Negeri Sembilan

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Introduction: Transitional care is defined as actions to coordinate and ensure continuity of care as patient transfer between different levels of care. Poor transitional care leads to higher incidence of medication error and risk of unnecessary readmission. This study aimed to evaluate patients' perception regarding quality of transitional care from a public general hospital to a health clinic (klinik kesihatan) in Negeri Sembilan.

Methods: A cross-sectional study was conducted among 307 adult respondents who had been discharged in the last 6 months and referred to the health clinic for continuation of care. Patients were conveniently sampled from the health clinic and completed a self-administered questionnaire which comprised of their sociodemographic data, admission profile and the 15-item Care Transitional Measure (CTM-15[®]). The CTM-15[®] measured the patients' perception of the quality of transitional care received. Multiple linear regression was used to determine the association between perceived quality of transitional care with patient's sociodemographic and admission characteristics.

Results: The response rate for this study was 90.6%. The mean CTM-15[®] score (SD) was 73.1 (13.03) out of a scale of 1 to 100. The mean scores for the various domains were: Critical understanding was 73.3 (SD=14.33), Preferences important was 71.9 (14.99), Management preparation was 74.0 (14.53), and Care plan 73.3 (14.75). Multiple linear regression showed that age was a significant independent predictor for the CTM-15[®] scores where older patients had poorer scores than young adults (adjusted R²=0.104, p<0.001).

Conclusion: The perceived quality of transitional care between the public general hospital and health clinic was good but decreased with patient's age. This could be due to complexity of the patient's problems upon discharge.

Keywords: transitional care, quality of health care, primary health care, patient discharge

FP13

The health literacy level among type 2 diabetes mellitus patients in two government primary care clinic

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Introduction: Health literacy is defined as the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions. Poor health literacy is one of the contributing factors leading to poor diabetic health outcome such as poor glycemic control, poor medication adherence, more complications and hospitalization. The study objective is to assess the health literacy level among T2DM patients in primary care clinics.

Methods: A cross-sectional study was conducted from December 2017 to March 2018 in Klinik Kesihatan Taman Ehsan and Klinik Kesihatan Sg. Buloh. Via convenience sampling, participants age more than 18 years with regular follow up were recruited in the study. Demographic details including treatment types, co-morbidities and anthropometric measurement was taken. Each of them was given a set of self-administered Health Literacy Survey-Asia Questionnaire (HLS-Asia Q16) to measure their health literacy level. The total score ranging from 0-16 marks and classified as follows, 0-8 as 'inadequate' health literacy, 9-12 as 'problematic', while 13-16 as 'sufficient'. The demographic details, anthropometric measurements and health literacy scores were analysed using IBM SPSS Statistical Software version 24 for data analysis.

Results: A total of 440 patients were recruited. The mean age was 58.18 (± 11.39); 55.3% were female. Malays comprised of 59.1%; Indians 20.13% and Chinese 17.9%. Majority (80%) were married; unemployed 64.2%; had low income status 82.6% and non-smokers 88.6%. The overall mean score of the participants was 12.39 (± 3.34). The percentage of participants with 'inadequate' health literacy was 17%, 'problematic' health literacy 25.7% and 'sufficient' health literacy rated the highest at 56.6%.

Conclusion: In nearly half of the patients do not have sufficient health literacy so a comprehensive programme targeting to improve health literacy among T2DM patients should be implemented.

Keywords: Health literacy, diabetes mellitus, primary care

FP14

The need for adolescent mental health intervention in primary health care

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Introduction: Mental health problem ranks at the top of the highest disease burden in adolescent groups. However, only ten percent of adolescents with this problem get medical attention. This study aims to determine the magnitude of mental health problems based on screening in adolescents at school age.

Methods: This is a cross-sectional study involving 140 school-age adolescents, recruited consecutively from one district in Bandung, Indonesia. Data on mental health symptoms were collected using Strength and Difficulties Questionnaire (SDQ) YR1-version, which was completed independently by respondents.

Results: More than half of the respondents were female (59%), and all were in the age of 11-17 years old. Fifty percent of adolescents in this study experienced substantial symptoms of mental problems based on SDQ total score. About 26% experienced emotional disorders, 18% have difficulties on conducting problems, 11% have abnormalities on prosocial aspect, 9% have hyperactivity problems, and 6% show symptoms of peer problems.

Conclusion: The magnitude of mental health problems in adolescents is very large. Interventions at the primary care level are needed to be carried out as anticipatory effort, and further screening with wider coverage are recommended.

Keywords: Adolescent, mental health, primary care, SDQ

FP15

Diabetes mellitus in Indonesia: physical disability as signs of at risk

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Introduction: It was estimated that more than 7% of Indonesian had diabetes in 2013. It is well-known that diabetes is associated with lifestyle behaviour. However, there were few studies on association of physical disability with risk for diabetes. This study was conducted

to determine the types of physical disability and risk of diabetes in Indonesia. Therefore, health personnel in the primary health care can get more information to identify patients which are at risk of diabetes mellitus.

Methods: A retrospective cohort study was conducted using data from the Indonesia Family Life Survey (IFLS) in 2007 and 2014. The inclusion criteria were respondents aged 15-99 years in the IFLS data and have yet been diagnosed to have diabetes by the medical personnel in 2007. The incident diabetes based on IFLS in 2014 is the dependent variable in this study. Independent variables are the type of physical disability including difficulty to sweep the floor, bow and stand up from sitting which is controlled by covariates (age, gender, level of education and body mass index). Association between the type of physical ability and the risk of diabetes was measured by using adjusted risk ratio (RR) and population attributable risk (PAR).

Results: The incidence diabetes in 2014 was 3.15%. From 2007 to 2014, there were more respondents with difficulty to standup and bow (11.89% to 43.8% and 11.53% to 40.91%, respectively). After being controlled by covariate, the type of physical disability which have the highest significant risk for diabetes is 'stand up from sitting position'. Respondents who had difficulty in standing up from sitting position were 2.63 times (95%CI 1.21-6.46) more likely to be diagnosed with diabetes. The PAR score was 0.601, meaning that 60.01% risk of diabetes can be prevented if people are able to stand up easily. Among the covariates, age (RR=1.04) and body mass index (RR=1.51) had significant association with the risk of diabetes.

Conclusion: Physical disability can be assessed for identifying risk for diabetes in Indonesia. Primary health care personnel should develop health prevention program especially to strengthen the physical ability of patients.

Keywords: Diabetes, physical disability, Risk Ratio, primary health care

FP16

Enhanced primary health care: a new approach in strengthening primary healthcare and service delivery in Malaysia

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Introduction: Primary healthcare (PHC) is the thrust of the Malaysian health care system and has been the main focus globally to achieve universal health coverage. Therefore, Enhanced Primary Healthcare (EnPHC) framework has been introduced to strengthen the PHC and service delivery in Malaysia. The objective is to enhance the health of Malaysians through a systematic approach to manage Non Communicable Diseases (NCD) at primary care level. The main initiatives that were implemented were 1) to focus on the prevention, early detection and treatment of NCD and to implement chronic disease screening program at community level, 2) to introduce the integrated & person centred care concept at the health clinic and 3) continuity of care between primary and secondary level.

Methods: The EnPHC demonstration project was implemented in 20 randomly selected health clinics (Klinik Kesihatan, KK) in the state of Johor (11 KK) and Selangor (9 KK). Outcome of the project was determined by 8 main indicators, namely the percentage of population enrolled and screened; the number of newly diagnosed diabetes, hypertension and hyperlipidaemia; the percentage of adherence to

medication refill appointment and the percentage of compliance to clinic and hospital appointment. These indicators were monitored monthly at the ministry level from July 2017 until July 2018.

Results: During the period of one year, enrolment was 81.9% (n= 309,472) from the assigned population, with 24.4% (n= 92,209) of the assigned population was screened. Newly diagnosed diabetes, hypertension and hyperlipidaemia were 3.4% (n= 3,126); 4.4% (n= 4,027) and 4.3% (n= 3,917) population screened respectively. Compliance to NCD clinic appointment was 83.9% (n= 165,094); 82.9% (n= 196,300) adhered to medication refill appointment and 86.6% (n= 1,278) complied with hospital referral appointment.

Conclusion: EnPHC does give positive changes and can be recommended to be replicated at other health centres. To sustain these changes it has to be supported in terms of resources, ICT and training.

Keywords: Enhanced Primary Healthcare

FP17

Pre-pregnancy care: the Klinik Kesihatan Kuala Lumpur's experience in 2018

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Introduction: Effective intervention during preconception and pregnancy period synergistically improve maternal and neonatal outcomes by advocating pregnancies at timely intervals, optimal management of chronic disease and peri-conceptual folic acid supplementation. The purpose of this review is to summarise KKKL's experience in setting up a PPC service with focus on the outcome of non-communicable disease clients (type 2 diabetes mellitus (DM)/essential hypertension). Outcomes measured include family planning, HbA1c improvement in diabetic patients and target blood pressure in hypertensive patients. National diabetes and hypertension clinical practice guideline targets were used as gold standard for comparison.

Methods: A retrospective review was carried out from January till December 2018. Target groups were females from the age of 18 to 45 years old with risk factors. They were assessed for fitness for pregnancy, offered family planning, given counselling, referred to dieticians and weight management programme if obese.

Results: A total of 360 new patients were referred to the clinic. Most of the patients were middle-income working adults from the urban areas. A total of 57 (15.8%) patients had non-communicable diseases; out of that, 37 (10.2%) patients had type 2 diabetes and 20 (5.5%) had primary hypertension. Family planning (barrier, progestogen-only pill, depomedroxyprogesterone acetate and IUCD) was given to 11 (29.7%) of diabetic patients and 11 (55%) of hypertensive patients. During follow up, 10 (27%) diabetic patients achieved HbA1c < 6.5%. In total, 21 (56%) of diabetic patients had an improvement in HbA1c with a mean reduction of 2.74% and 13 (65%) of hypertensive patients achieved the target blood pressure of <140/90 mmHg.

Conclusion: Pre-pregnancy care is beneficial for maternal health and wellbeing. However, various issues need to be addressed to improve referrals from outpatient clinics and patients' perception towards family planning issues.

Keywords: pre-pregnancy care, family planning, maternal outcome

FP18

Ramadan fasting among pregnant women in Serdang and Putrajaya: knowledge, attitude & associated factors

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Introduction: Ramadan fasting is obligatory for healthy adult individuals. Exemption from fasting is permitted for women who are pregnant or breastfeeding. However, several studies have shown that most Muslim women choose to fast during pregnancy. The aim of this study was to determine the level of knowledge, attitude and practice of Ramadan fasting among pregnant women in Serdang and Putrajaya.

Methods: A cross-sectional study was done between May and August 2018 (one month after Ramadan). Muslim pregnant women in Putrajaya and Serdang were randomly approached at public places. Self-administered questionnaire with back-to-back translations were developed and given to the women. It was divided into three parts, involving the attitudes, practice and knowledge of the women with regards to Ramadan fasting and their health. The results were analyzed using IBM SPSS Statistics v25 for Windows. The study was approved by the Ethics Committee of Universiti Putra Malaysia (JKEUPM).

Results: A total of 93 respondents participated in our study and 41.8% of them were from the age group of 30-34 years old. Most of the respondents had tertiary level of education (93.5%); employed (74.2%); 52 (55.9%) were multigravida and 63.9% were in their third trimester. Almost all (96.7%) had good knowledge while 45 (48.4%) had good attitude towards Ramadan fasting. Most (94.6%) of the women fasted during Ramadan and 20 women fasted throughout Ramadan (30 days). Half of those who fasted experienced adverse effects such as weakness, fatigue and headache. There was a significant association between gestational age and the practice of fasting. Those in the first trimester were more likely to experience unpleasant effects than those in the second and third trimesters.

Conclusion: Most of our respondents fasted during Ramadan. There was no significant association between their knowledge and the practice of fasting.

Keywords: Ramadan, fasting, pregnancy

FP19

Attitudes of medical students towards primary care specialty: a cross-sectional survey in a public university

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Introduction: The importance of primary care in Malaysia has increased due to the growing morbidity and mortality for preventable diseases. The Ministry of Health has recently called for more trained family medicine specialists to serve at primary care clinics nationwide. The objective of this study is to explore the attitudes of medical students towards primary care specialty.

Methods: A descriptive cross-sectional survey was conducted among

medical students from Year 1 to Year 5 in Faculty of Medicine and Health Sciences, Universiti Putra Malaysia from June to August 2018. The attitudes towards primary care was determined using the 25-item Primary Care Attitude Survey (Cronbach $\alpha=0.76$) on a 5-point Likert scale. Basic sociodemographic data was assessed using descriptive statistics, and frequencies of individual survey responses were calculated using IBM SPSS Statistical Software version 25.0.

Results: A total of 453 medical students participated in the study with a response rate of 98.2%. The mean (SD) age was 21.9 (1.5) years, 68.3% were female and 59.1% were Malays. Out of 453 students, the majority (84%) agreed that primary care makes important contributions to medicine and is a well-respected field of practice (72.6%). The majority (67.6%) agreed that primary care doctors have more opportunity for work-life balance; 69.7% thought that primary care doctors mostly refer to other specialists and spend a lot of time diagnosing colds and ear infections (56.9%). Only 14.6% planned to pursue family medicine as a specialty.

Conclusion: Most medical students have positive attitudes towards primary care specialty but few aspire to become primary care physicians. This could be related to misconceptions about the scope and practice of primary care. Therefore, increased exposure to primary care early in medical education may be necessary to dispel misconceptions and encourage students to pursue this field in the future.

Keywords: attitudes, primary care, medical students

FP20

Barriers to help seeking behaviour for menopausal symptoms (MyBarriers): questionnaire development and validation

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Introduction: In Malaysia, many women with menopausal symptoms do not seek help from healthcare providers due to various reasons. The degree of their barriers to seek help from doctors is still understudied due to lack of reliable assessment tools. This study aimed to develop and validate a self-administered questionnaire that assesses level of barriers to seek doctors' help for menopausal symptoms.

Methods: This bilingual (Bahasa Malaysia-English) self-administered questionnaire was developed based on the Health Belief Model, literature review, discussions with 3 experts and interviews with 11 middle-age women. It consisted of 25 items with 5-likert scale response (1: strongly disagree to 5: strongly agree), representing 4 domains assessing help seeking barriers. The questionnaire was given to 10 women with menopausal symptoms for face validation. Subsequently, construct validity for the questionnaire was conducted involving 261 middle-age women who were in different menopausal (pre-, peri- and post-menopausal) stages. Using principal axis factoring and direct oblimin rotation, the underlying structure was explored. Internal consistency of the retained items was then examined.

Results: During face validation, there were no major issues with the questionnaire. From exploratory factor analysis (EFA), seven items were removed due to poor item-to-item correlations and factor loading of <0.4 . Based on the repeat EFA using the remaining 18 items, scree plot and parallel analysis with Monte Carlo suggested 3

factors that explained 43.9% of the total variance. All items loaded into three factors which were: (1) perceived severity and sensitivity (6 items), (2) personal barriers (8 items), and (3) perception on consultation and treatment (4 items). The internal consistency (α) of these factors were 0.85, 0.79 and 0.76 respectively.

Conclusion: The Barriers to Help Seeking Behaviour for Menopausal Symptoms (MyBarriers) questionnaire was successfully developed and tested on menopausal women in different menopausal stages. It showed three-factorial structure with good reliability.

Keywords: Menopause, Help-Seeking Behaviour, Factor Analysis

FP21

Tobacco smoke exposure among children 12 years old and below in Hospital Sultanah Bahiyah Alor Setar, Kedah

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Introduction: Children who are exposed to second-hand tobacco smoke have a higher incidence of behavioural, learning and medical problems. These entails higher financial, medical and social burdens to the family, society and medical services.

Objective: The objective of this study is to determine the prevalence of exposure to secondary and tertiary tobacco smoke among children below 12 years.

Methods: A cross-sectional study was carried out in August 2018 involving a total of 124 children below 12 years attending the paediatrics clinic and paediatric wards of Hospital Sultanah Bahiyah, Alor Setar, Kedah, Malaysia.

Results: There were 124 children in this study, 52% of them were exposed to tobacco smoke. Among the children who were exposed to tobacco smoke, 67% are secondary and 33% are tertiary smokers respectively.

Conclusion: There is a high percentage of children below 12 years old who are exposed to tobacco smoke from their carers. Tobacco smoke exposure must be made mandatory during history taking for paediatric admission or clinic attendance. Health care workers should play their role in creating awareness and educate parents/carers about the danger of passive smoking and the detrimental effect on their children.

Keywords: Tobacco Smoke Exposure, Children

FP22

Family assessment in hospital setting

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Introduction: Family can become supporting factors as well as negative factors affecting one's health. Five Family Oriented Question (FFOQ) is an instrument to understand the experience of family regarding patient's health problems. This study aims to find out how far FFOQ can be implemented in hospital settings.

Methods: Family assessment were conducted during four-week hospital rotation in the final year module of undergraduate medical

students. The hospital rotations were conducted in DKI Jakarta area in 2018. Each student performed interview in hospital ward or emergency room using FFOQ. At the end of the rotation, a total of 77 students filled out the evaluation questionnaire. Qualitative analysis was conducted using MAXQDA 11 software. Themes from all student's opinions were collected and arranged in relation to one another.

Results: FFOQ Assessment in Hospital setting was considered good and useful especially for geriatric patients in the ward setting. The instrument has helped them to see and understand family as part of patient's life; both in clinical and emergency setting. However, FFOQ was considered difficult to execute in emergency setting. Although it is considered important for learning, it is felt to be more comfortable if it is conducted in outpatient or inpatient setting as part of the follow up and discharge planning. Because it may not become routine questions, FFOQ should be included during history-taking as a screening instrument for patient's family history to gain insight into the family as a supportive or harmful factor.

Conclusion: FFOQ is useful and can be applied as part of patient's management in hospitals especially in the ward setting. Through family assessment, doctors in hospitals can obtain a biopsychosocial information for comprehensive management planning with family empowerment for continuity of care.

Keywords: Family Assessment, Hospital

FP23

Community health service program for elderly people with hypertension in Indonesia, challenging and its strengthening potential: a qualitative study

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Introduction: The treatment of hypertension is often inadequate, particularly in developing countries. One key strategy to help scale up hypertension management is to involve the community. The objective of this study was to explore the role of a community-based program (CBP) in supporting elderly with hypertension in an Indonesian rural community.

Methods: A qualitative study comprising observation and in-depth interviews was conducted in a Public Health Center (PHC) in Siak District (Riau province, Indonesia). Twelve informants consist of one staff member of the PHC, chairman of CBP, three community health workers, and seven hypertensive patients were interviewed to obtain their views about the role of the CBP in elderly hypertension management. Data were analyzed using thematic analysis. Observation and checking of documents were done as a triangulation method.

Results: The CBP activities have been running regularly with guidance from PHC. CBP facilities were quite complete but were not used optimally. Attendance rates were low (44%), and most were female participants. Some supporting factors were knowledge of community health workers and elderly patients, family support, distance of home, and facility support. Some challenges were funding and participants' assumption that CBP was use for health examination only.

Conclusion: CBP implementation for the Elderly has been running well but it needs strengthening in optimizing activities, as well as the presence of participants

Keywords: Community-based program, elderly, hypertension

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