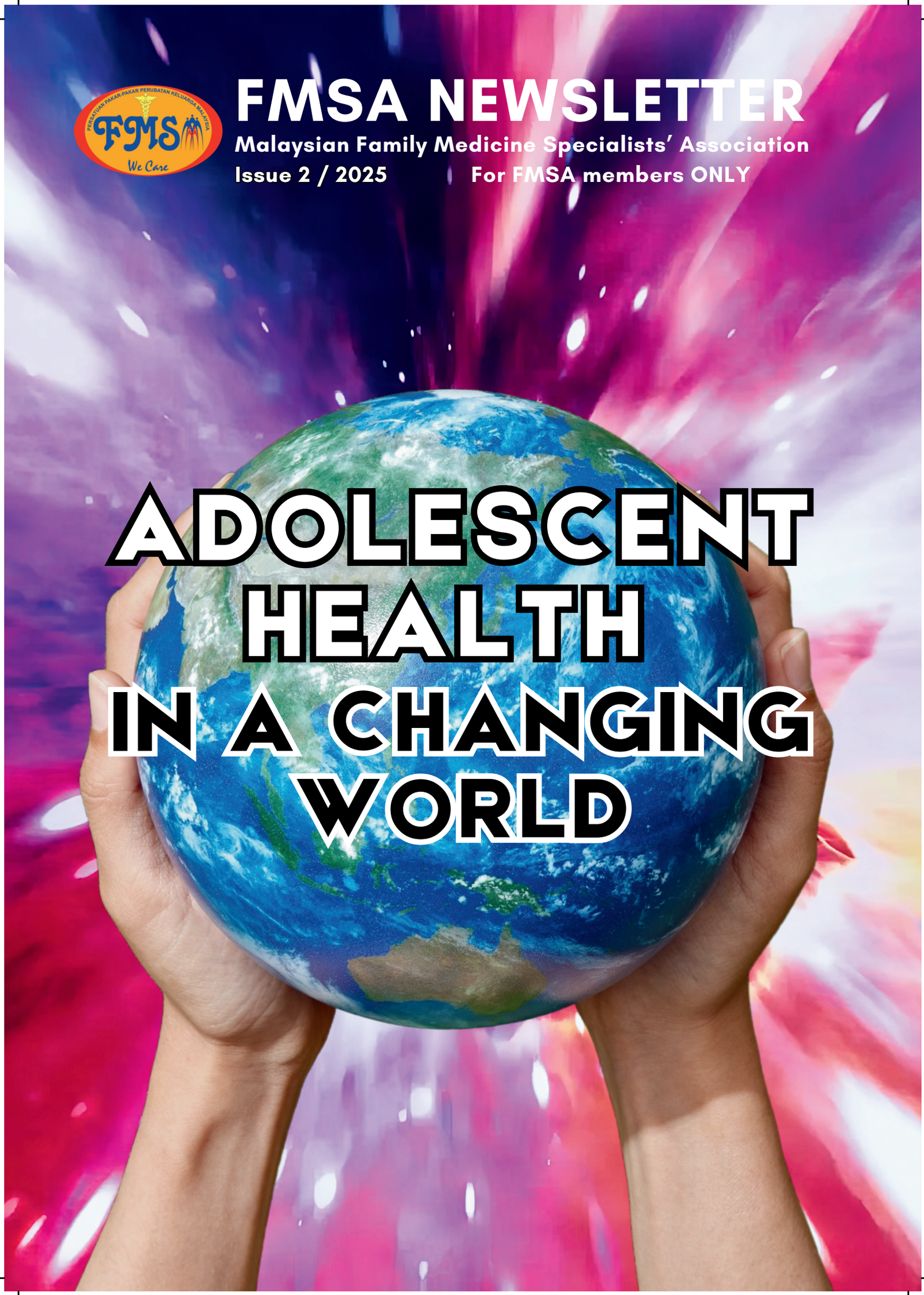

FMSA NEWSLETTER
Malaysian Family Medicine Specialists' Association
Issue 2 / 2025
For FMSA members ONLY
ADOLESCENT HEALTH IN A CHANGING WORLD

About FMSA

OBJECTIVES

- To promote and maintain the honour and integrity of the profession of Family Medicine Specialist in every one of its aspects and help to sustain professional standards and medical ethics.
- To serve as the vehicle of the integrated voice of the whole profession and all or each of its own special problems and in relation to educating and directing public opinion on the problems pertaining to family health and the community at large.
- To promote, facilitate and participate in the conduct of family medicine research and education, as may be appropriate.
- To promote social, cultural, charitable and spiritual activities in building a caring society and a united Malaysian union.

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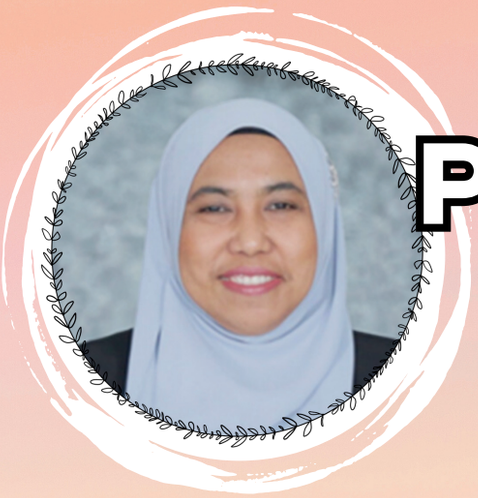
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PRESIDENT'S MESSAGE

Dear readers,

Our newsletter comes once again with a special focus on adolescent health—an area of growing importance and urgency in primary care. This edition highlights current challenges, emerging trends, and practical approaches that are highly relevant to our daily practice as Family Medicine Specialists.

Adolescence is a powerful yet vulnerable phase of life. It is a period of rapid physical, emotional, and social transition—where identity is formed, values are shaped, and lifelong habits begin. However, today's adolescents are navigating challenges profoundly different from previous generations.

In the era of social media, constant comparison, cyberbullying, unrealistic expectations, and digital exposure have reshaped the adolescent experience. The COVID-19 pandemic further intensified these pressures—disrupting education, limiting social interaction, and increasing isolation. We continue to see the consequences in our clinics: rising cases of depression, anxiety, low self-esteem, self-harm behaviours, and various forms of addiction, including digital dependency and substance use.

As Family Medicine Specialists, we are often the first point of contact. We must continuously equip and upgrade ourselves with updated knowledge, practical screening tools, communication skills, and evidence-based management strategies to ensure early detection and holistic care. Equally important, our Klinik Kesihatan must evolve into youth-friendly spaces—safe, confidential, and welcoming to both adolescents and parents seeking guidance without fear of stigma.

This newsletter offers valuable updates, insights, and practical guidance on adolescent health—highlighting emerging trends, current challenges, and approaches relevant to primary care practice. May it serve as a useful resource to strengthen our readiness and collective commitment.

I would like to extend my sincere appreciation to the editorial committee and all contributors who have worked tirelessly to produce this meaningful edition. My heartfelt thanks also go to all FMSes who continue to strengthen and improve adolescent services in primary care through innovation, advocacy, and compassionate care
Investing in adolescent health is investing in the future of our nation. Let us continue to lead with compassion, competence, and courage.

Enjoy reading!

Dr. Nor Hazlin Talib
President,
Family Medicine Specialists' Association (FMSA) 2024-2026



EDITOR'S MESSAGE

Adolescence has never been a static phase of life. It is by definition, a formative transition that is dynamic yet vulnerable. In today's rapidly evolving social and digital landscape, the terrain our young people now navigate is fundamentally different from that experienced by previous generations. Thus, this issue of the newsletter invites us to examine Adolescent Health in a Changing World with clarity and clinical depth.

This edition brings together perspectives that reflect the breadth of adolescent care here in Malaysia. Learning to recognise the cry for help beyond the somatic is something we as Family Medicine Specialist can do in our clinical practice and this starts off our collection of articles on adolescent health. We bring you a real-life case study of the complex interface of adolescent sexuality, parenting and problematic sexual behaviour. The multidisciplinary approach by several FMSes with advance training is testament to the difference we can make when we are accoutred with the latest evidence-based practices and the wisdom of experience. We next explore the nuanced realities of neurodivergent teens navigating identity and belonging. Lastly, we unpack the rarely looked at issue of oral health on the functional, psychosocial, systemic and not merely aesthetic impact on the adolescent.

In a world dominated by algorithms, influencers and instant validation, adolescents often seek connection in digital spaces long before they seek professional help. Our challenge is not to compete with this environment but to understand and adapt to it. We should creatively engage the adolescent, mentor them via peer-led initiatives plus collaborate with schools and community stakeholders to strengthen their resilience. Many FMS-led initiatives also show that the future of adolescent health lies not solely within the clinic walls. By going to the grassroots, we are intentional in building rapport and most importantly laying the foundation for a therapeutic relationship centred around trust. Without doubt, trust remains the most powerful therapeutic tool we possess.

In this noisy, ever changing world, let us be that positive change that can alter the trajectory of an adolescent's life for the better.

> *It takes courage to grow up and become who you really are.*
> *~ E. E. Cummings*

Cheers!

Dr. Lim Jean-Li
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EDITORIAL TEAM

These are the team of people who are responsible for content, design, and production of this newsletter. We also want to encourage you to share any ideas or thoughts you may have about our newsletter. Your feedback is highly valuable to us, and we are genuinely interested in hearing from you. After all, who knows? Your insightful ideas could very well be featured in our upcoming newsletter, making it even better!



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"Adolescents don't come complaining about their inner issues; instead, they come with somatic complaints like flu or acne."

ADOLESCENTS
Seeing Beyond the OBVIOUS

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As adolescents walk into our clinics, their common complaints include fever, flu, abdominal pain or acne. These kinds of biological symptoms are visible and "safe," which would not invite awkward or stigmatizing questions. They rarely present to the clinic wanting to talk about mental health, smoking or other risky behaviours. However, behind those common presentations often lie the real issues that shape their future health and well-being.

As Family Medicine Specialists (FMS), we are in a unique position. We meet adolescents of various versions: confident, curious, or quietly in distress. Yet, it's easy to miss what isn't said: the hidden battles that shape their journey to adulthood.

The National Health and Morbidity Survey (NHMS) 2022 reminds us that adolescent health deserves attention now more than ever. Among Malaysian adolescents aged 13 to 17, obesity, smoking, illicit drug use, unsafe sexual activity, overweight and obesity are prevalent. *[can put NHMS graphics]*. These figures echo earlier findings and haven't improved much. We're still seeing high rates of smoking, overweight, obesity, and depressive symptoms, coupled with low help-seeking behaviour at our clinics.

"1 in 4 Malaysian adolescents reported having depressive symptoms – NHMS 2022."

WHY AREN'T THEY COMING?

Many adolescents simply do not see their behaviours as a problem and need guidance to recognise them. They may also feel too shy or embarrassed to talk about their concerns, fearing they will be stigmatized, judged, or labelled as "bad" adolescents. Even when they are aware of an issue such as vaping or unsafe sex, they believe that nothing can be done, or that they are somehow "skipped" or protected from the negative consequences.

In addition, our current health system, which relies on adolescents voluntarily coming to clinics, may fail to reach those engaged in risky behaviours. Despite the Ministry of Health's efforts to provide adolescent-friendly services, challenges such as long waiting times, lack of privacy and adult-dominated spaces can easily discourage them from seeking help.

Cultural and gender norms also play a significant role. Talking about mental health or sexual issues remains taboo and being female can further worsen the situation, as adolescent girls are often expected to be obedient and submissive. Their involvement in behaviours such as sexual activity is seen as a violation of cultural expectations, leading to stigma and isolation. These norms can further silence adolescents and drive their struggles underground.

SEEING BEYOND THE ACUTE COMPLAINT: THE HEEADSSS 3.0 APPROACH

Every visit with an adolescent is a window of opportunity to look beyond the surface and truly understand them. What may seem like a routine consultation for acne, abdominal pain or fatigue could in fact, be masking deeper issues like stress, bullying, family conflict or even depression. When we take the time to really listen, we often find that the physical symptoms are only one part of a much bigger story.

To help guide these conversations, the HEADSS psychosocial screening tool was developed in 1988 and has since been widely used in clinical settings, including primary care services in Malaysia. It is a powerful framework, not just a checklist of questions. When used correctly, it helps build trust, creates a safe space for open dialogue, and allows adolescents to feel heard without judgment. When approached with empathy, these conversations can uncover silent struggles, open doors for timely support and sometimes even change the trajectory of a young person's life.

The framework has evolved with time. As shown in the table below, the latest HEEADSSS 3.0 version incorporates emerging realities such as social media use, identity and resilience, acknowledging that today's adolescents navigate a highly digital world. It reminds us to look beyond the medical complaint and explore the core areas that shape an adolescent's well-being: Home environment, Education and Employment, Eating and Exercise, Activities, Drugs/Substances, Sexuality, Suicide (including self-harm), and Safety (both online and offline). The topics are arranged from least to most sensitive, allowing time to build rapport before addressing more private concerns.

Items	Sample of questions
H – Home environment:	• How is your relationship with family members at home?
E – Education and employment:	• Describe your school/work?
E – Eating and exercise:	• Tell me about your diet/exercise routines
A – Activities (friends, hobbies, social media use):	• What do you do during your spare time or with friends?
D – Drugs, alcohol, and vaping:	• Do you/ friends take any?
S – Sexuality, gender identity, relationships:	• Are you sexually active?
S – Suicide, depression, self-harm:	• Have you ever thought of harming or ending your life?
S – Safety (online and offline):	• Are you aware of dangers around you?

This framework has proven valuable in managing adolescent cases in the clinic. For example, a 15-year-old girl presented with recurrent abdominal pain, but with normal physical examination and investigations. It was only through the use of the HEEADSSS framework that the underlying issues were revealed. She had problems at Home, difficulties at School (Education), and signs of Depression. She shared that she had been feeling persistently low, tired, skipping meals, having disturbed sleep and struggling to concentrate at school. Her parents were in the midst of a divorce, and she felt "stuck in the middle." She was eventually diagnosed with depression and improved well with treatment. What began as a medical mystery of unresolved somatic complaint unfolded into an emotional story, one that surfaced only after trust had been built over time.

"Teens rarely open up at the first visit. They test whether we truly listen."

As clinicians, it can be tempting to simply "rule out organic causes" and discharge the patient. However, the careful, thoughtful approach taken by the treating doctor in this case uncovered a much deeper issue. When symptoms persist without a clear medical explanation, it is important to pause and explore the psycho-social context. Asking simple, open-ended questions such as "How have you been coping at school lately?" can gently open the door to the hidden underlying issues behind the somatic complaint.

THE SOCIAL MEDIA, PEER, AND COMMUNITY INVOLVEMENT

In trying to understand today's adolescents, we must first understand their digital world. Almost all of them own gadgets with internet access and spend long hours online daily. They spend most of their time interacting with social media friends, including digital friends like chatbots. They feel heard and it is easy to seek opinions and validation without being judged. Unlike adults who may search for health information, adolescents use social media mainly for entertainment. Unfortunately, many online trends glamorize or normalize risky behaviours such as vaping or promote unrealistic body ideals.

Social media doesn't always encourage healthy habits. Instead, it often popularizes more liberal and modern lifestyles. Short videos tend to portray an idealized version of life, where users focus on what attracts views rather than what reflects reality. Over time, this may condition adolescents to accept these portrayals as "normal," leading them to lose touch with our rich cultural values of being tactful, polite and respectful.

In this regard, it is high time for us as Family Medicine Specialists, to adapt and keep pace with technological advancements, especially social media. In reaching adolescents, our approach must be creative, visual and relatable. Instead of competing with social media influencers, we work with them. Rather than viewing it only as a challenge, we can use this digital landscape to our advantage, as a tool for prevention, both primary and secondary.

In addition, evidence has shown that peer-led programmes can make a real difference. Studies have found improvements in adolescents' knowledge and readiness to seek help for issues like sexual health, substance use, and mental health (Ab Rahman et al., 2021). Adolescents tend to listen to other adolescents better compared to adults, including their parents, especially when they feel understood.

#Be BIJAK Online Campaign: Jadilah pengguna digital yang BIJAK *(Be a Smart and Safe Digital User)*
B – Berhati-hati dengan apa yang ditonton *(Be mindful of what you watch or read online)*
I – Ingat maruah diri *(Remember your self-worth and dignity)*
J – Jangan sebarkan kandungan yang memudaratkan dan bersifat peribadi *(Don't share or spread harmful or private content)*
A – Awas bila online *(Be alert when online)*
K – Kongsi kebimbangan dengan orang yang dipercayai *(Talk to a parent, teacher, or trusted adult if something feels wrong)*
"Berhati-hati, Ingat maruah, Jangan sebarkan, Awas, dan Kongsikan kebimbangan — Jadilah pengguna digital yang BIJAK." *Be careful, preserve your dignity, think before you share, stay alert, and talk to someone you trust. Be a smart digital user.*

Taking this as an advantage, we may want to involve adolescents in our health education activities and train them to become advocates for their own peers. Having adolescents who are creative, tech-savvy and full of ideas is an advantage but they just need a bit of direction. With our guidance, they can lead awareness campaigns on topics that matter to them, such as mental health, vaping or healthy relationships. For instance, a group of adolescents could design a simple campaign with the hashtag #Be BIJAK Online to promote mindful social media use. BIJAK is a campaign being mooted by the author during her recent TV appearance.

Equally important are outreach programmes. Instead of waiting for adolescents to come to our clinics, which they rarely do, we need to reach out to them where they are. Small, peer-led discussion groups can make a big difference. These informal sessions can be held in schools, youth clubs or during community events. The sessions are led by the adolescents themselves, but guided by us. When adolescents talk among peers about issues like relationships, cyberbullying or coping with anxiety, they often open up more honestly than they would with adults. If any safety issues arise, the adolescent leaders will know whom to refer to us.

One successful example of peer-led programmes is the Kelab Doktor Muda. The program managed to improve schooling children and adolescents' knowledge and practice, such as smoking avoidance, hygiene, and lowered body mass index (BMI), compared to their counterparts (Nur et al. 2021). A similar pattern was observed in a study involving Form 1 students, where young people led small group discussions that had improved knowledge and attitude towards healthy habits and risky behaviours of the students (Ab Rahman et al., 2021). Adolescents listen to other friends, especially when they feel understood.

Our role as Family Medicine Specialists is not to control these initiatives, but to coach and mentor. We can help adolescents refine their ideas, verify the accuracy of their content and ensure that health messages remain respectful, culturally appropriate and evidence-based. For example, when discussions involve sexual activity, the emphasis should be on sexual abstinence until it is legally appropriate, rather than simply promoting safe sex. In doing so, we help them build leadership and communication skills while extending our reach far beyond clinic walls.

In addition, schools, community centres, youth clubs, and even mosques or other religious institutions are natural gathering places where we can engage adolescents meaningfully. Health screening days, interactive talks or small group discussions make healthcare feel approachable, safe and less intimidating. These activities have proven to be engaging and well-received by adolescents, as demonstrated by the Fellowship Program in Adolescent Health in Primary Care offered by the Universiti Kebangsaan Malaysia. As part of this program, the Family Medicine Specialists in training must conduct community activities with adolescents in Kuala Lumpur, putting these principles into real practice.

"Go where the adolescents are, don't wait for them to come to us."

These community sessions also help us form valuable connections with teachers, counsellors and adolescent leaders, the adults who spend the most time with adolescents. Together, we can identify those who are vulnerable early on and ensure they get the support they need before small problems turn into crises.

CREATIVE ENGAGEMENT: CATCHING THEIR ATTENTION

Health promotion for adolescents needs to be fun, interactive and social-media savvy. Long talks or posters may not capture their attention anymore. Their digital spaces have shaped how they think, feel and act. In reaching them, we have to use the medium that they are familiar with and attracted to. Social media can be part of the solution, not the problem.

Adolescents also love creating content. Short, engaging videos or reels, whether on TikTok, Instagram, YouTube or school social media pages, can be powerful tools for sharing health messages. A 30-second video on how to handle exam stress or empower a friend who is a victim of bullying may reach hundreds of their peers in a single day. These messages are more authentic when delivered by someone of their own age, using their lingo and humour. Simple but creative ideas can make a big difference. Short videos that are real, visually and mindfully entertaining, yet informative may work for them. In addition, rewarding activities can also catch their attention, such as the examples provided here:

Medium	Example of activities
TikTok	challenges that promote smoke-free living or acts of kindness.
Instagram	Live "Ask the Doc" sessions, where doctors answer questions in a relaxed way.
School	campaigns that are co-designed by students, covering familiar topics such as stress, friendships, or body image.
Short videos or comics	showing healthy coping skills.
Peer-led youth clubs	trained adolescents discuss topics like online safety or mental health.

As the adolescents are involved, they take ownership and hence they are willing to share, influence and inspire their peers. Imagine short videos by adolescents themselves sharing positive messages or quick "myth-busting" reels about health issues. When guided well, these become powerful tools for awareness.

CONCLUDING REMARKS

Family Medicine Specialists hold a uniquely influential role in adolescent care. Beyond managing health issues, we understand the family and community contexts that shape young people's lives, allowing early identification of concerns before they escalate. Our impact extends outside the clinic; we coach, mentor, and empower adolescents to lead campaigns, create digital content and engage in meaningful health initiatives. By collaborating with schools and community groups, we make healthcare accessible and stigma-free. Impact does not require large budgets; empathy, creativity and small, consistent outreach efforts can inspire lasting healthy habits and meaningful change.



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SEXUAL PROBLEMS AMONG ADOLESCENTS IN MALAYSIA AND THE IMPORTANCE OF PARENTING

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Studies in Malaysia indicate that many adolescents begin engaging in sexual activity at a young age, often without adequate knowledge or protection (1). This lack of awareness increases their vulnerability to sexually transmitted infections (STIs) and unplanned teenage pregnancies.

Given these findings, it is clear that a coordinated and proactive effort is essential to prevent sexual health issues among adolescents from the outset. According to the World Health Organization (WHO), sexual health encompasses a person's physical, emotional, mental and social well-being in relation to sexuality. To support this, comprehensive sexual and reproductive health education should be introduced early—either through formal school based programs or through guidance provided by parents as their children enter puberty (2).





Causes and Influencing Factors

Key factors contributing to sexual problems among adolescents include:

a) Lack of accurate sexual and reproductive health information
b) Peer pressure and curiosity
c) Exposure to sexual content through media and the internet
d) Risk behaviours such as alcohol or drug use
e) Limited parental communication or supervision

Impacts on Health and Life

Sexual problems can affect adolescents in several ways:

a) Increased risk of STIs
b) Unplanned pregnancies leading to school dropout
c) Emotional psychological distress, shame and trauma
d) Long-term social and financial difficulties, especially for teen parents

Importance of Parenting in Prevention

Parents play a critical role in preventing risky sexual behaviour among adolescents. In a study involving 33,523 adolescents, 24.2% (95% CI: 23.7–24.7) reported experiencing strong parental connected-ness, while 33.4% (95% CI: 32.9–33.9) indicated consistent parental monitoring (3). These findings highlight the importance of positive parent–child relationships and active parental involvement in guiding adolescents toward safer and healthier decision-making.

Good parenting practices are through :-

a. Open Communication

Teens who can discuss relationships, safety and body changes with their parents tend to make safer and more informed decisions.

b. Emotional Support

Strong parent–child relationships reduce the likelihood of teens seeking risky relationships for attention.

c. Monitoring and Guidance

Knowing teens' routines, peer groups, and activities helps prevent exposure to unsafe situations.

d. Teaching Values and Boundaries

Parents guide moral development, self-respect and understanding of healthy relationships.

Conclusion

Sexual issues among Malaysian adolescents arise from limited knowledge, peer pressure and lack of guidance. These issues cause significant health, emotional and social consequences. Strong parenting such as through communication, support and supervision is one of the most effective ways to reduce risky sexual behaviour and support healthy adolescent development.



Parenting program at Sekolah Tunas Bakti Sungai Besi on 15 April 2025, together with Prof Noor Azimah Muhamaad and Cik Izzah, a clinical psychology master trainer advocated and trained on parenting roles for sexual and reproductive health education.

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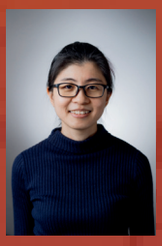
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VOICES OF EXPERIENCE

GUIDING A TEEN THROUGH PROBLEMATIC SEXUAL BEHAVIOUR



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Guiding a Teenager with Pornography Addiction : A Family Medicine Perspective

Introduction

This article presents a case of problematic sexual behaviour in a teenage girl seen in primary care. Family physicians are uniquely positioned to address such presentations through continuity of care, a whole-person approach and established trust with the adolescent and family. Despite this, many clinicians report limited confidence in managing problematic sexual behaviour among adolescents. This article aims to provide a simple, practical framework to guide management in the primary care setting.

Case vignette

Aina, a 15-year-old girl, was brought to the clinic by her father due to worsening school performance. He reported that she had become increasingly withdrawn at home, spending long periods isolated in her room, avoiding interaction with her siblings, and occasionally displaying rebellious behaviour when confronted. In contrast, teachers described her as becoming aggressive at school. The father became particularly concerned after discovering that his daughter had been viewing pornographic material on her mobile phone while she was away at school. As a counsellor, he was worried about possible underlying depression or bullying, which prompted him to seek a medical assessment.

The Challenge in Primary Care

The adolescent presented with declining school performance and increasing withdrawal from family activities. Within the time constraints of a primary care consultation, exploring and identifying the underlying psychosocial drivers of these changes is an especially difficult task for clinicians.

Clinical Assessment

The adolescent had no symptoms suggestive of ADHD, with normal growth, birth history and developmental milestones. There was no past medical or psychiatric illness and there had been no prior hospitalisation. She is the eldest of two siblings and lives with her father and stepmother following her father's remarriage two years ago; her biological mother resides in another state with limited contact.

She described her father as emotionally unavailable but reported feeling emotionally supported by both her biological mother and stepmother. She denied substance use, smoking, or sexual activity, though she acknowledged age-appropriate sexual curiosity, accompanied by guilt and concern about disappointing her stepmother. The adolescent disclosed that she had been exposed to pornography from the age of eight years, coinciding with early ownership of a personal mobile phone. Initially, her exposure involved casually browsing websites, with content predominantly depicting heterosexual sexual activity.

Over time, her symptoms worsened. 6 months prior to her clinical encounter, she started watching pornography for at least 4 hours per day and began experimenting with masturbation, which had progressively escalated in frequency to as many as five times per day. Her onset of worsening symptoms coincided with increasing academic stress and interpersonal difficulties at school. She also noted specific triggers, including stress related to schoolwork and peer interactions, as well as exposure to sexually provocative images in public settings, such as shopping malls.

Hypersexual Disorder Screening Inventory

Your name:_____Date:_____

Part I: Sexual behaviours can occur either by themselves or in combinations. In the Hypersexual Disorder Screening Inventory, the following sexual behaviours are examined to see if they are causing you a problem:

1. Masturbation, either by itself or during other sexual activities
2. Pornography (some examples include: Internet video, images and webcasts, porno magazines,
3. DVDs/videos, X-rated TV and films.)
4. Sexual Behaviour with Consenting Adults (direct contact) (some examples include: use of escort services, prostitutes, repeated "one–night stands", anonymous brief sexual encounters, repeated affairs, massage parlour visits that include sex.)
5. Cybersex activities (some examples include: Internet-related sexual talk, sexual behaviour with webcams, and other
6. virtual sexual behaviours.)
7. Telephone Sex
8. Strip Clubs
9. Other sexual behaviours:

Part II: Rate how often each item is true or how accurately it describes your sexual behaviour:

A.1. During the past 6 months, I have spent a great amount of time consumed by sexual fantasies and urges as well as planning for and engaging in sexual behaviour.

0 = never true 1= rarely true 2 = sometimes true 3 = often true 4 = almost always true

A.2 During the past 6 months, I have used sexual fantasies and sexual behaviour to cope with difficult feelings (for example, worry, sadness, boredom, frustration, guilt, or shame).

0 = never true 1= rarely true 2 = sometimes true 3 = often true 4 = almost always true

A.3 During the past 6 months, I have used sexual fantasies and sexual behaviour to avoid, put off, or cope with stresses and other difficult problems or responsibilities in my life.

0 = never true 1= rarely true 2 = sometimes true 3 = often true 4 = almost always true

A.4 During the past 6 months, I have tried to reduce or control the frequency of sexual fantasies, urges, and behaviour but I have not been very successful.

0 = never true 1= rarely true 2 = sometimes true 3 = often true 4 = almost always true

A.5 During the past 6 months, I have continued to engage in risky sexual behaviour that could or has caused injury, illness, or emotional damage to myself, my sexual partner(s), or a significant relationship.

0 = never true 1= rarely true 2 = sometimes true 3 = often true 4 = almost always true

B.1 During the past 6 months, frequent and intense sexual fantasies, urges, and behaviour have made me feel very upset or bad about myself (for example, feelings of shame, guilt, sadness, worry, or disgust) or I tried to keep my sexual behaviour a secret.

0 = never true 1= rarely true 2 = sometimes true 3 = often true 4 = almost always true

B.2 During the past 6 months, frequent and intense sexual fantasies, urges and behaviour have caused significant problems for me in personal, social, work, or other important areas of my life.

0 = never true 1= rarely true 2 = sometimes true 3 = often true 4 = almost always true

HDSI total score _____

Are criteria met for a probable diagnosis of Hypersexual Disorder? Y / N

Part III:

C 1. Place an "X" on the line to the left of each different kind of sexual behaviour that you think has caused you to have problems with either bad feelings (as in Part.1) and/or significant consequences (as in Part 2) during the past 6 months.

____Masturbation, either by itself or during other sexual activities

____Pornography (some examples include: Internet video, images and webcasts, magazines, DVDs/ videos, X-rated TV and films)

____Sexual Behaviour with Consenting Adults (direct contact) (some examples include: use of escort services, prostitutes, repeated "one–night stands", anonymous brief sexual encounters, repeated affairs, massage parlour visits that include sex.)

____Cybersex activities (some examples include: Internet-related sexual talk, sexual behaviour associated with webcams, and other virtual' sexual behaviours)

____Telephone Sex

____Strip Clubs

____Other sexual behaviours: (please specify_____)

Total # of different sexual behaviours reported_____(0-7)

For the clinician scoring the HDSI:
There are seven core diagnostic criterion questions included in Part II of the HDSI
(five A+ two B criteria).
Each criterion item is rated on a 5-item severity index (0 - 4)
so the total score can range from 0 to 28 points as a dimensional measure of the
diagnostic criteria and associated adverse consequences.
To screen positive for a probable diagnosis of a Hypersexual Disorder, a person must:
Score 3 or 4 points on at least 4 of the 5 A criteria AND
Score 3 or 4 points on at least 1 of the 2 B criteria.
Thus, the minimum total score to reach a probable diagnosis of Hypersexual Disorder in Part II would be 15 points gathered from at least four A plus one B criterion. The maximum summed score would be 28 points.
The HDSI provides a dimensional measure of Hypersexual Disorder based on the
total summed score (0-28 points). The HDSI provides an additional dimensional
measure of Hypersexual Disorder severity based on the total number of different

FIGURE 1. HYPERSEXUAL DISORDER SCREENING INVENTORY (HDSI)

During this period, she started isolating herself in her room, refusing to join outdoor activities and family interactions. She denied any history of physical trauma or sexual abuse.

Establishing the problem/diagnosis

Assessment

There is no formal diagnosis of pornography addiction in the DSM-5. Therefore, assessment relies on clinical judgement supported by validated screening tools rather than categorical diagnoses. Instruments such as the Hypersexual Disorder Screening Inventory (HDSI) and the Sexual Addiction Screening Test–Revised (SAST-R) have demonstrated acceptable validity in identifying clinically significant problematic sexual behaviour. In this case, the HDSI was used to objectively assess symptom severity and functional impairment without assigning a formal psychiatric label, supporting informed clinical decision-making.

Diagnostic Conceptualization

The diagnosis in this case is Problematic Sexual Behaviour (PSB). This terminology is adopted in the *Management of Behavioural Addiction Guidelines in Malaysia* and is preferred in clinical practice due to its descriptive, non-stigmatising, and person-centred approach.

Problematic sexual behaviour (PSB) refers to a pattern of recurrent and intense sexual fantasies, urges or behaviours that cause significant distress or functional impairment, are used maladaptively to cope with stress or negative emotions, cannot be voluntarily controlled and pose a risk of harm to oneself or others (Hall, 2019).



FIGURE 2. FACTORS CONTRIBUTING TO THE DEVELOPMENT OF PROBLEMATIC SEXUAL BEHAVIOUR (PSB). ADAPTED FROM MILLER (2018), THE ASAM PRINCIPLES OF ADDICTION MEDICINE. LIPPINCOTT WILLIAMS & WILKINS.

Possible underlying factors contribute to PSB

PSB in adolescents is multifactorial, arising from an interplay of individual vulnerabilities, environmental exposures, and psychosocial stressors. In this case, several plausible contributing factors were identified through clinical assessment and contextual exploration.

As a gold-standard, evidence-based intervention, Cognitive Behavioural Therapy (CBT) remains the cornerstone of PSB treatment. It is highly effective on its own for mild cases, while a combination of CBT and pharmacotherapy is the preferred approach for those with moderate to severe symptoms. Steps for implementing this structured therapy are detailed in **Sessions 1 to 4.**

Approach to clinical case and management

Investigation

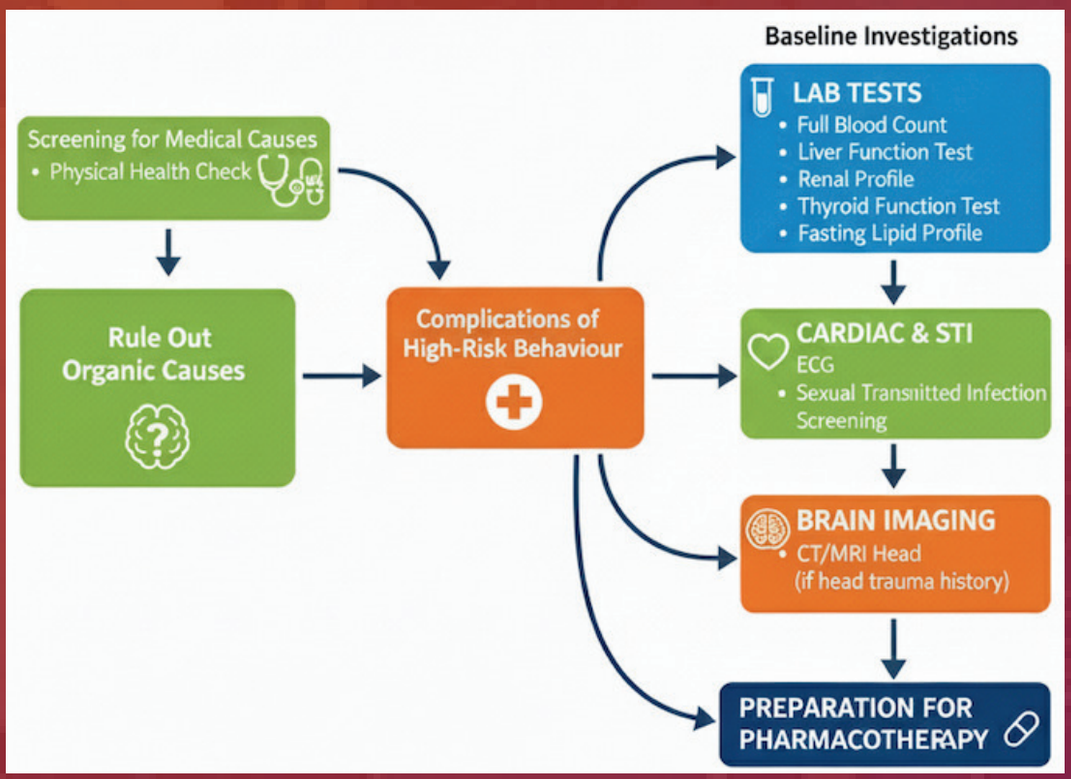


FIGURE 3. THE GENERAL APPROACH OF INVESTIGATIONS FOR BEHAVIOURAL ADDICTION AS SUMMARISED IN THE DIAGRAM, ADAPTED FROM THE MANAGEMENT OF BEHAVIOUR ADDICTION GUIDELINES IN MALAYSIA.

Understanding approach to management

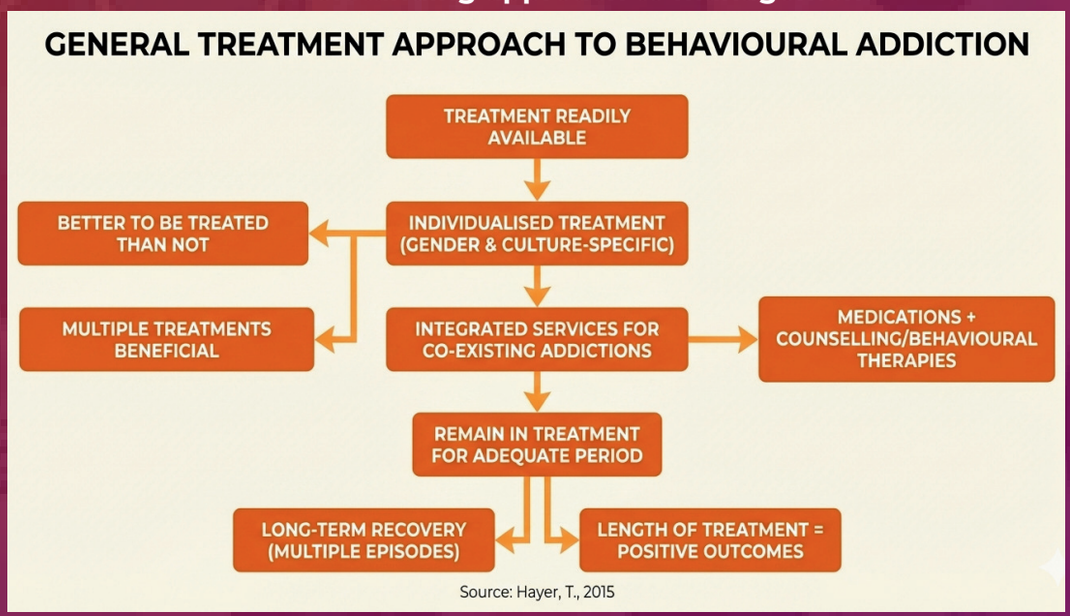


FIGURE 4. THE GENERAL TREATMENT APPROACH TO BEHAVIOURAL ADDICTION CAN BE SUMMARISED AS SHOWN IN THE DIAGRAM, ADAPTED FROM THE MANAGEMENT OF BEHAVIOUR ADDICTION GUIDELINES IN MALAYSIA.

Session 1

i) Engagement

The first clinical priority when addressing behavioural problems in adolescents is to build trust. The physician began by engaging both Aina and her father to understand the family system before transitioning to a private, one-to-one consultation with Aina. This "split-visit" model is ethically important, as it respects Aina's emerging autonomy and provides a confidential space for her to discuss the complexities of her situation without fear of immediate parental judgement.

ii) Identify the Problems and Set Goals

The session then moved into a focusing phase, whereby the clinician and patient collaboratively identified the problems and how they were manifested and set goals to manage them. This process was guided by the patient's own concerns and priorities rather than externally imposed goals.

Key takeaway:

Effective engagement begins with addressing the patient's concern, not the clinician's concern. The key word here is collaborative, not authoritative.

Goal Setting

The clinician and patient collaboratively set a shared goal to reduce pornography use using the SMART framework (Specific, Measurable, Achievable, Relevant, and Time-bound). The patient agreed to read for 15 minutes whenever urges arose, an achievable strategy based on a previous hobby, to be practised consistently for one week, incorporating behavioural activation as an alternative coping strategy to manage cravings.



Parental Involvement

Practical measures included supervised phone use and clear boundaries, alongside counselling parents to maintain a non-judgemental and supportive approach. To address identified triggers, parents also arranged additional mathematics tuition to reduce academic stress and strengthen structure and emotional support at home.

Emotional Validation and Regulation

The patient reported increased stress, irritability and physical discomfort when attempting to reduce pornography use. Her emotional experience was validated and she was introduced to basic emotion-regulation strategies, including recognising and naming emotions and practicing simple deep-breathing exercises to manage distress. Healthier alternative coping strategies were collaboratively explored to support more adaptive responses to stress and urges.

Session 2

Cost-Benefit Analysis/Decisional Matrix

In this session, the clinician used the decisional matrix to help the patient express her ambivalence and clarify her own reasons for wanting to change.

Pros and Cons	Continue watching pornography	Stop watching pornography
Pro	- Happy, less stressed - Pleasure	- Better family dynamic - No more guilt - Can read more
Cons	- Guilt - The stepmother is angry and scolds her - Mobile phone will be confiscated	- Stress and irritable - Angry

The clinician then summarised the sustain talk (reasons to continue watching pornography), followed by the change talk (reasons to stop watching pornography).

Key takeaway:

i) All the reasoning must come from the patient, not from the clinician.

ii) Always summarise sustain talk before change talk so that by the end of the consultation, the patient retains more of the change talk.

Session 3

Motivational Interview ('the rulers')

This session started with a brief revision of the decisional matrix completed previously.

Evoking: Importance ruler

The clinician invited Aina to rate the importance of change from 0 ('not at all') to 10 ('extremely important'). This scaling technique serves as a springboard for collaborative goal-setting. By exploring the reasons behind her current score, the clinician helps Aina identify her own 'why'.

Key takeaway: Move the needle through validation and empowerment. Self-efficacy is strengthened when the patient, rather than the clinician, identifies the reasons for change.

Understanding the Importance Ruler

0–3: Pre-contemplation (Focus on building rapport and raising awareness).

4–7: Contemplation (Focus on resolving ambivalence).

8–10: Preparation/Action (Focus on concrete goal-setting)

Evoking : Confidence ruler

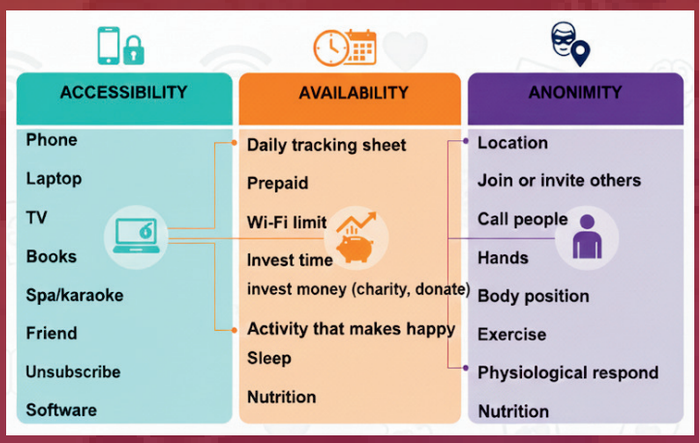
The patient was asked to rate her confidence in reducing or stopping pornography use on a scale of 0-10, where 0 represented "no confidence at all" and 10 represented "extremely confident."

The specialist then asked the follow-up question: "Why are you a [current number] and not a [lower number]?" This question encouraged the adolescent to identify her existing strengths, past successes, and sources of hope, thereby reinforcing self-efficacy rather than focusing on deficits.

Key takeaway: The aim is to strengthen confidence by amplifying patient's existing strengths, not by persuading or lecturing.

Session 4

Behavioural Changes Programme



In this session, the clinician reviewed Aina's progress and reflected on the changes achieved to date. Now in the **action stage of change,** Aina was actively implementing behavioural strategies to build healthier routines. Progress was acknowledged, and challenges were reframed as opportunities for learning and strengthening coping strategies collaboratively.

A New Family Agreement

To support Aina's safety and accountability, the family collaboratively developed a supportive "home plan." Aina and her father agreed that phone use would be restricted to shared family areas only. When needed for homework or communication with close friends, phone use would occur under direct parental supervision, with the phone no longer permitted in the bedroom to reduce opportunities for unsupervised use. In a proactive step, Aina chose to delete her TikTok and Facebook accounts to minimise digital triggers. She also committed to "flagging" urges by informing her parents when cravings arose, transforming what had previously been a private struggle into a shared and supportive process.

Learning from the "Lapses"

Aina uses reading to manage cravings but struggles more when alone with her phone. Instead of viewing lapses as failures, Aina, her parents, and the clinician explored her environment and recognised that inconsistent supervision and limited reading materials increased the risk of relapse.

Recovery involves more than simply "not using"; it also means restoring joy and meaning in daily life. Aina stays engaged through exercise, painting, and cooking with her family. She also practises breathing, relaxation and grounding techniques, reinforced during sessions, helping her stay calmer and enabling her to manage triggers more confidently.

Subsequent visits

Subsequent visits focused on a thoughtful review of Aina's progress, with emphasis on trigger avoidance and relapse prevention strategies. Throughout this process, Aina was encouraged to reflect on her journey in a safe, supportive environment. When setbacks occurred, they were explored not as failures but as valuable learning opportunities, allowing goals to be adjusted in line with her readiness for change. To further empower Aina, a recovery diary and planner were introduced. This tool serves as a personal roadmap, helping her track daily progress, identify specific triggers and document coping strategies that work best for her. Aina's parents have remained vital partners in this journey, continuing to monitor her condition and phone use in a supportive, non-judgemental manner. This approach fosters an atmosphere of trust and safety, which is essential for long-term recovery.

Key takeaway: The transition from 'monitoring' to 'partnering' is powerful. Using tools like planners and diaries shifts the focus from surveillance to self-awareness, fostering autonomy and giving young people a greater sense of agency in their recovery.

Progress of the patient

After three months, Aina resumed regular reading (45–60 minutes daily) and reduced pornography use to approximately once a fortnight, occurring sporadically when she was able to access her phone privately. She reported improved emotional regulation and reduced irritability. Family interactions improved through shared outdoor activities of her choice, which was weekly cycling. Parental supervision of phone use became more consistent, and her academic stress eased with mathematics tuition classes. Ongoing follow-up focused on reinforcing relapse prevention strategies.

Conclusion: A Commitment to Longitudinal Care

Problematic sexual behaviour in adolescents is best understood as a chronic, risky condition rather than an isolated behavioural problem, requiring ongoing monitoring, support and flexible management. In this context, family physicians play a pivotal role through continuity of care, trust and a whole-person approach beyond symptom control. The four-session model in this case served as a practical launchpad for change rather than a finite intervention. While motivational interviewing, behavioural activation and family involvement initiated meaningful progress, sustained improvement depended on regular follow-up, reinforcement of coping strategies and timely collaboration with mental health professionals if indicated. This case demonstrates that proactive, compassionate primary care intervention can lead to positive behavioural and relational outcomes, even in sensitive and complex presentations, positioning family physicians to guide adolescents and families toward long-term wellbeing.

Disclaimer

This case is adapted from a real clinical encounter. The patient's name and identifying details have been changed to protect her privacy and confidentiality. While the core clinical features and management approach reflect actual practice, certain details have been modified or simplified for clarity, readability, and educational purposes.

Acknowledgement:

The authors wish to express sincere gratitude to Dr Assvin Alaga, an addiction psychiatrist at the Psychiatry Addiction Unit (PADU), Hospital Kuala Lumpur (HKL). His expert clinical review was instrumental in ensuring that the framework and approach in this case were strictly aligned with the established principles of behavioural addiction.



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DIFFERENT, NOT DEFICIENT:
Supporting Neurodivergent Teens

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For many teenagers, adolescence is already a period of rapid change, intense self-discovery and emotional turbulence. But for teens who are newly diagnosed as neurodivergent—whether autistic, ADHD, dyslexic, or otherwise—this stage of life takes on an added layer of complexity. Instead of receiving early accommodations or growing up with an established understanding of their differences, these teens often enter diagnosis in the middle of their most formative years. The result is a mix of relief, confusion and the pressing task of reinterpreting their entire childhood through a new lens.

A Surge in Teen Diagnoses: Why Now?

In recent years, more teenagers than ever are being diagnosed as neurodivergent. This rise is not because neurodivergence is suddenly "more common," but because awareness, understanding and acceptance have grown significantly. Several key factors contribute to this trend:

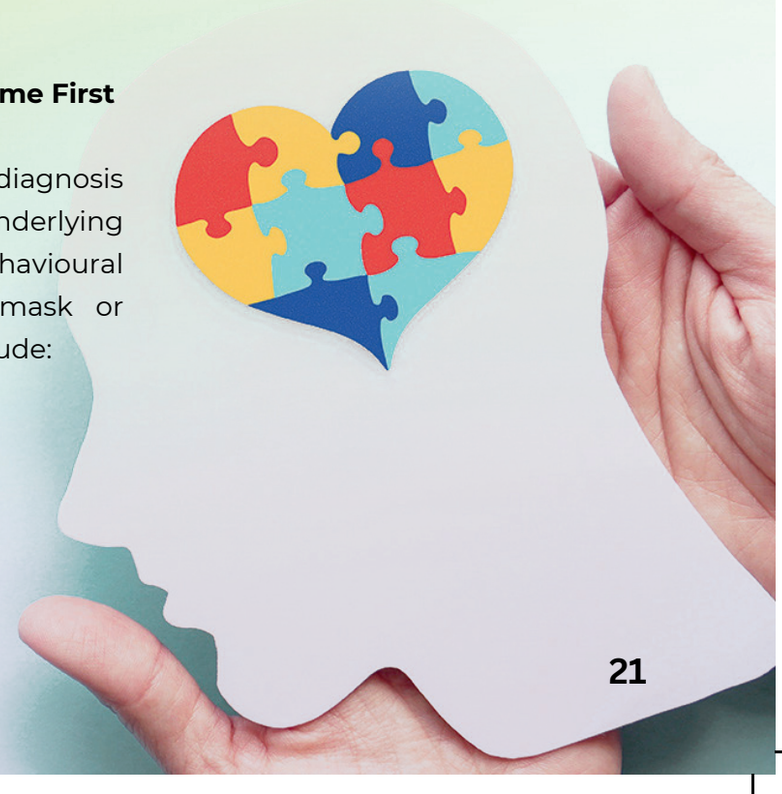
- Greater public education about Autism Spectrum Disorder, ADHD and other neurotypes
- Reduced stigma, allowing teens and families to seek help without fear or shame
- Improved diagnostic awareness among clinicians, leading to better identification of neurotypical traits
- Teachers and counsellors becoming better trained in recognising signs that were previously overlooked
- Community advocacy, especially online, where neurodivergent individuals share experiences

This shift means that many teens who might have been dismissed as shy, quirky, inattentive, sensitive, defiant or "just emotional" in past decades are now being correctly understood through a neurodiversity lens. While this increased awareness is overwhelmingly positive, it also means that many teens are learning about their neurodivergence later than ideal, after years of coping without support.

When Behaviour and Mental Health Concerns Come First

Many neurodivergent teens don't come to diagnosis because someone immediately recognises their underlying traits. Instead, they may first present with behavioural challenges or mental health symptoms that mask or overshadow their neurodivergence. These may include:

- chronic irritability or emotional outbursts
- withdrawal from family or peers
- defiance or conduct issues at school
- anxiety, panic attacks or depressive symptoms
- difficulties with impulse control
- sudden academic decline or school refusal





School visit to assess a 11 year old ADHD boy who has been disruptive during recess breaks

For some teens, these behaviours become “red flags” that prompt teachers, counsellors or parents to seek professional assessments. What initially appears to be a conduct problem or an emerging mental health disorder often turns out to be a secondary response to years of unmet needs, sensory overwhelm, social confusion or the exhausting effort of masking.

This can be a double-edged sword: while the behaviour finally draws attention to their struggles, the teen may feel pathologised or blamed before anyone understands the real cause. Many report feeling misunderstood, labelled as “troublemakers,” or accused of not trying hard enough—long before the idea of neurodivergence is even considered.

Late Realisation

Once diagnosed, these teens often grapple with a mix of validation and frustration. Learning that their behaviours were rooted in neurodivergence—not defiance, laziness, or emotional immaturity, can be profoundly relieving. For many, the diagnosis feels like an answer that makes everything “click.” The validation that comes from finally understanding themselves can be powerful and healing. But it can also trigger grief, as they realise how differently things might have gone had their needs been identified earlier. A neurodivergent diagnosis is ultimately life-changing, causing teens to reevaluate their whole identity. This can lead to confusion, fear of being stigmatised and feelings of overwhelm.

The Struggles and Pressure to Conform



School visit to assess a 10 year old autistic boy in his school settings

Teenagers live in a world where fitting in is often seen as essential. For newly diagnosed neurodivergent teens, social differences may become more apparent in hindsight. Masking—hiding their true behaviours or suppressing their struggles to appear “typical”—often intensifies, especially when they become more aware of how they deviate from social norms. They may struggle with executive functioning or processing speed causing academic decline when their coping strategies no longer work. Emotional dysregulation, which is often seen among neurodivergent teens can further cause them to be ostracised

Although diagnosis can finally unlock access to accommodations and support, the process is not always straightforward. Misunderstanding and stigma from peers, educators, society and even family members can complicate their path to support, which in turn can aggravate their mental health symptoms and further cause behavioural issues.

The Path Forward

Being diagnosed as neurodivergent in the teenage years is not a disadvantage—it is a turning point. With awareness comes the chance to assess appropriate support and create environments that honour their needs. Approaches should be respectful and tailored to their needs such as:

- establishing predictable routines
- supporting sensory needs by using noise-cancelling headphones, soft clothing, quiet areas or sensory tools
- breaking tasks into small steps with clear and simple instructions
- using aids like visual instructions, checklists, timers or apps to support executive functioning
- collaborating with teachers to implement accommodations such as allowing extra time, modified workload, sensory breaks and seating changes
- connecting them with professionals that can guide them to regulate their behaviour, emotions and sensory demands
- teaching them with self-advocacy and social skills in preparation for adulthood independence
- cultivating their strengths and interests instead of pursuing academic excellence
- being attuned to their mental health to detect the first signs of changes which may require urgent intervention
- creating support groups and community spaces that can help them feel “included” and understood and most importantly
- reaffirming these teens that their brain is not “broken” or “wrong”—it’s simply wired differently.

Parents, teachers, and caregivers play a crucial role in this shift. By learning about neurodivergence, understanding common challenges and adjusting expectations, adults can help create a foundation of safety and trust. When teens feels safe to express their emotions, to stim, to take breaks, to ask for help or to communicate in their own way, it becomes possible for them to grow without shame. Supportive adults help teens feel loved not in spite of their neurodivergence, but because of who they are. When society starts to embrace them and builds an inclusive community that values neurodiversity, only then can neurodivergent teens step into adulthood with clarity, confidence, self-compassion and the tools they need not just to survive, but to thrive. In the end, understanding neurodivergent teens is not simply about identifying their struggles—it is about committing to a future where every teenager, no matter how their brain works, has the opportunity to feel safe, capable and genuinely accepted.



Discussion with teachers on his performance and conduct and other supportive measures that can be offered to the ADHD boy at school



Discussion with the school teachers and administrators from MOE regarding the next course of action to support a 11 year old ADHD boy who has been disruptive during recess breaks

ADOLESCENT ORAL HEALTH: COMPREHENSIVE CHALLENGES BEYOND APPEARANCE



By Dr. Zainab Mat Yudin,
FMS and Senior Lecturer,
School of Dental Sciences, Universiti Sains Malaysia

The Role of Primary Care Physicians in Adolescent Oral Health: Early Detection and Preventive Strategies

Adolescence is a critical stage of development marked by physical, psychological and social changes. As the first point of contact for many adolescents, primary care providers play a pivotal role in identifying, preventing and managing biopsychosocial issues in adolescents. Yet, oral health concerns often remain overlooked. Oral health issues can profoundly influence an adolescent's overall well-being, encompassing physical, psychological, and social dimensions. It is essential for Family Medicine Specialists to develop competency in recognizing and addressing oral health problems among adolescents. Adolescents face a range of oral health issues that extend beyond aesthetics. The most prevalent challenges include:

Dental Caries and Poor Oral Hygiene

Dental caries remains one of the most prevalent chronic conditions in adolescents. Increased consumption of sugary snacks, carbonated drinks and poor brushing habits contribute to enamel demineralization and cavities. Primary care doctors should routinely inquire about dietary habits and oral hygiene practices during consultations, as these behaviours often correlate with other lifestyle risks.

Gingivitis and Early Periodontal Disease

Hormonal changes during puberty can exacerbate gingival inflammation, leading to gingivitis. If left untreated, this can progress to early periodontal disease. We should look for signs such as swollen gums, bleeding during brushing and bad breath (halitosis). Counselling on proper brushing techniques and recommending regular dental check-ups are essential preventive measures.

Trauma and Sports Injuries

Adolescents engaged in contact sports are at risk for dental trauma, including chipped teeth and avulsions. We should advocate for the use of mouthguards and educate families on emergency management of dental injuries.

Oral Manifestations of Systemic Conditions

Conditions like eating disorders, diabetes and nutritional deficiencies often present with oral signs. For instance, recurrent vomiting in bulimia can cause enamel erosion, while poorly controlled diabetes may lead to periodontal complications. We should maintain a high index of suspicion and integrate oral examinations into routine physical assessments.

Tobacco and Substance Use

Experimentation with tobacco, vaping and other substances is common in adolescence. These habits increase the risk of oral cancers, leukoplakia, and gum disease. We should incorporate oral health counselling into substance use prevention programs and emphasize the long-term consequences of these behaviours.

Malocclusion in Adolescents

Malocclusion in adolescents is more than a cosmetic issue, affecting oral function, speech and psychosocial well-being. Timely orthodontic treatment is important, but challenges like compliance and oral hygiene must be addressed. We are honoured to have **Associate Professor Dr. Norma Binti Ab Rahman,** an Orthodontic Specialist at our institution, to share her expertise on its functional and psychosocial impacts.

Orthodontic Perspectives on Malocclusion in Adolescents: Functional and Psychosocial Implications

By Associate Professor Dr. Norma Binti Ab Rahman,
Orthodontic Specialist,
School of Dental Sciences, Universiti Sains Malaysia

Adolescence is a crucial transition from childhood to adulthood, generally spanning the ages of 10 to 19 years, according to the WHO. This is a pivotal stage for oral health, particularly in relation to orthodontic concerns. While dental aesthetics often drive the demand for orthodontic care, malocclusion is not merely a cosmetic issue; it has functional, psychological, and long-term health implications. Orthodontists play a crucial role in addressing these concerns, ensuring that treatment extends beyond appearance to enhance overall oral function and quality of life.

Prevalence and Impact of Malocclusion

Malocclusion is defined as the misalignment of teeth or an incorrect relationship between dental occlusion and jaw relationship. The prevalence of malocclusion in Malaysia is about 37.4% among all ethnic groups. Malocclusion can be divided into three (3) classes: Class I, Class II, and Class III. Studies showed the most common malocclusion in adolescents is Class I (around 44%), followed by Class III (30%). In addition, the most common problems associated with malocclusion include crowding (70%), spacing, overbite, underbite and crossbite. These conditions can lead to difficulties in chewing, speech impediments and an increased risk of trauma due to protruding teeth. Furthermore, malocclusion may contribute to gingival and periodontal problems due to challenges in maintaining oral hygiene, as crowded teeth are more difficult to clean effectively.



Psychosocial Considerations

Adolescents are particularly sensitive to appearance and peer perception. Malocclusion can negatively affect self-esteem and social interactions, sometimes leading to anxiety or reluctance to smile. Furthermore, poor dental aesthetics can lead to social withdrawal. Orthodontic intervention therefore has a profound psychological benefit, improving confidence, social well-being and functional outcomes. Besides orthodontic treatment, it can also improve social interactions and reduce feelings of being judged and significantly boost confidence and body image. Better smiles correlate with higher self-esteem, making teens feel more comfortable and confident. This can be achieved by relieving crookedness, gaps or protruding teeth and correcting the dental and jaw relationship.

Orthodontic Treatment Options

Orthodontic treatment during adolescence is often ideal because growth potential can be leveraged to correct skeletal discrepancies. Common treatment modalities include:

Interceptive Orthodontic

Interceptive orthodontics means early dental treatment for children and adolescents that helps prevent or reduce dental and jaw problems. This approach helps to detect malocclusion early and guide tooth and jaw growth in the correct direction. Interceptive orthodontics helps create space for permanent teeth, guide jaw growth, stop bad habits (such as thumb sucking), prevent future crowding, crooked teeth, jaw problems and reduce the need for future braces or surgery. The most common type of appliance used for the interceptive purpose is a removable appliance.

Growth Modification with Functional Appliances

Growth modification is an orthodontic approach used to influence jaw growth in growing patients, especially during the pubertal growth spurt. The aim is to correct and modify skeletal discrepancies, rather than just making straight teeth, in cases of skeletal disharmony, such as Class II or Class III discrepancies. Functional appliances are the most common type of appliance used to achieve the treatment goal. This appliance aims to correct skeletal problems by altering the position of the mandible and/or maxilla to the desired corrected position and harnessing muscle forces to influence jaw growth.

Fixed Appliances (Braces)

Fixed appliances, commonly referred to as braces, remain the gold standard for comprehensively correcting malocclusion. Fixed appliances are braces that are attached to the teeth and cannot be removed by the patient. Braces can be used to improve both the function and appearance of the smile. There are several types of braces available on the market, including conventional, self-ligating, and ceramic braces.

Conclusion

For orthodontists, addressing malocclusion in adolescents is not solely about creating a beautiful smile but it is about restoring function, preventing future oral health issues and enhancing psychosocial well-being. Comprehensive orthodontic care during adolescence can significantly improve quality of life, making early detection and timely intervention essential. Treatment planning must consider growth patterns, oral hygiene capability, and patient motivation. Early intervention in certain cases, such as severe crowding or crossbite, can prevent complications and reduce treatment complexity.

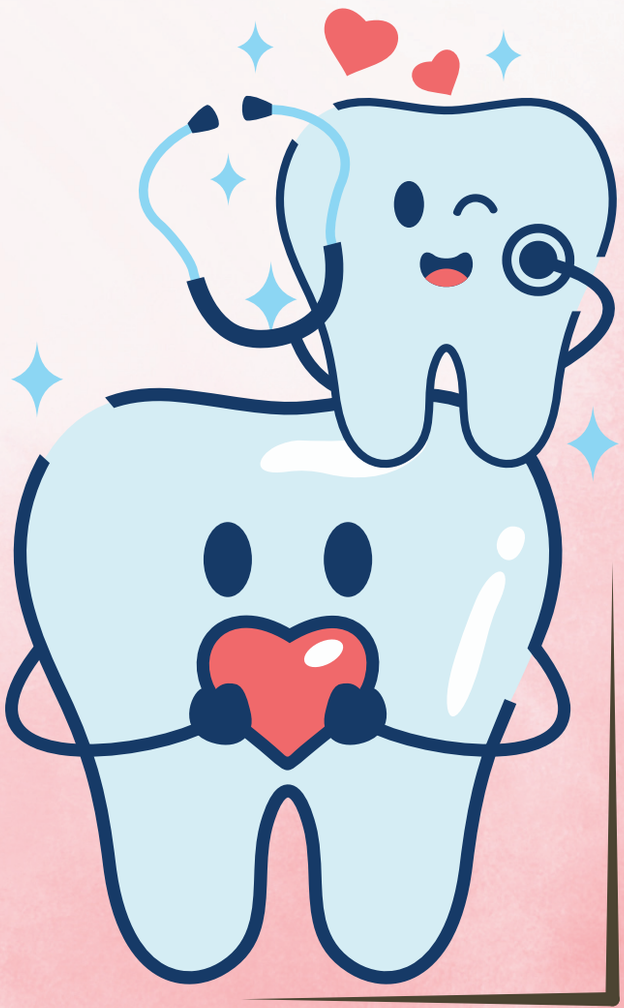
As family medicine specialists, we are uniquely positioned to bridge the gap between general health and oral health. By incorporating basic oral assessments into routine visits, providing anticipatory guidance, and referring patients to dental specialists when necessary, healthcare providers can significantly reduce the burden of oral disease. Education on nutrition, hygiene, and risk behaviours should be integrated into adolescent health counselling.

Clear Aligners

Clear aligners are transparent, virtually invisible, custom-made plastic trays that are removable, offering a discreet alternative to traditional braces. This aligner is used for mild-to-moderate cases of malocclusion and requires consistent wear for 20-22 hours daily for effectiveness. It can only be removed for eating and cleaning. It is increasingly popular among adolescents for aesthetic reasons, though compliance is crucial for success.

Challenges and Considerations

Orthodontic treatment requires long-term commitment and meticulous oral hygiene. Adolescents with poor compliance risk complications such as decalcification, gingivitis and root resorption. Orthodontists must emphasize preventive care and collaborate with general dentists to monitor oral health throughout treatment. Additionally, socioeconomic factors often influence access to orthodontic care. Public health initiatives should aim to improve awareness and accessibility, as untreated malocclusion can have lifelong consequences.



PIVOTS AND PRIORITIES:
FINDING MY WAY BACK TO THE KIDS

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Department of Family Medicine, Universiti Putra Malaysia

During my undergraduate years, I never envisioned myself in Primary Care. My heart was set on becoming a pediatrician; children have always been my favorite human beings. However, life has a way of refining our path. I welcomed my first child at the end of my housemanship and my second while working at a Klinik Kesihatan—just a minute from my home and my support system.

It was during this time that I pivoted. Balancing the priorities of a growing family with my professional interests, I chose clinic-based Primary Care over hospital-based secondary care. Yet, I never gave up hope of pursuing advanced knowledge in managing children. After completing my Masters in Family Medicine and finally settling into the role of a clinician-academician, I looked at my own "babies"—now teenagers—and realized it was the perfect time to return to my early pursuits.

THE VISION

When I began planning my sub-specialty path in 2018 (now known as Advanced Training), the landscape of Family Medicine in Malaysia was entering an era of exciting expansion. We were seeing the first pioneers receiving scholarships to pursue a full three years of training. hey carved out niches; one colleague, our respected Vice President, Dr. Wong Ping Foo, was trailblazing training in Non-Communicable Diseases (NCDs), while another FMS had just begun exploring Adolescent Health in Primary Care. Inspired by this vision, I embarked on a journey in July 2020 that would take me from our national centers of excellence to the world's premier pediatric hospital.

FOUNDATIONS IN HIGH-ACUITY CARE: HOSPITAL TUNKU AZIZAH

My formal training began in July 2020 at Hospital Tunku Azizah (HTA), Malaysia's premier tertiary pediatric facility. Stepping into the Adolescent Medicine Unit during the height of the pandemic was a period of intense professional growth. I returned to the rigors of ward rounds and TDS patient reviews, witnessing firsthand the progression or relapse of patients from the wards to clinic follow-ups.

Beyond managing the "shadow pandemic" of eating disorders and mental health crises, I was entrusted with the responsibility of being part of the primary and referral team managing Suspected Child Abuse and Neglect (SCAN) cases. This required working at the heart of a complex network, collaborating with multidisciplinary clinical teams and a multi-agency system involving social workers, law enforcement and the education sector. Coming from a background with limited previous exposure to this area, the learning curve at HTA was steep and deeply impactful. It forced me to look beyond the clinical presentation and sharpen my skills in forensic sensitivity; it was here that I truly understood the role of a physician as a guardian for the vulnerable.



With Datin Dr Shiela Marimuthu and the AMU family in HTA, who will always feel like family to me. I worked with some of the best in the country, including two highly adolescent-competent staff nurses. Adolescent Medicine trainees are rare in Malaysia, but at the time, three other clinical fellows trained alongside me, all now full-fledged sub-specialists.

SPECIALIZED INTEGRATION: KLINIK PRIMER HCTM

Returning to primary care for my second year at Klinik Primer HCTM, Cheras, allowed me to weave specialized threads into a cohesive clinical tapestry. By rotating through Child and Adolescent Psychiatry and Paediatric & Adolescent Gynaecology at Hospital Canselor Tunku Muhriz, I learned that an adolescent's health cannot be siloed. In addition, I was privileged to manage children with neurodevelopmental challenges both in the primary and community levels as well as the tertiary level

I began to see the teenager as a complex ecosystem where hormonal health, mental resilience, and social identity are deeply intertwined.

THE SICKKIDS EXPERIENCE: AN FMS IN TORONTO

The final chapter took me to The Hospital for Sick Children (SickKids) in Toronto. Professionally, it was an immersion into world-class protocols. As the only FMS among pediatric and adolescent medicine residents, I had the unique opportunity to tailor my learning objectives. This included rotations in community settings, satellite hospitals and a comprehensive addiction rotation under the Centre for Addiction and Mental Health (CAMH).

As a teacher myself, experiencing the clinical education methods under the Postgraduate Medical Education (PGME) programme at the University of Toronto gave me a new perspective on how to enrich my own teaching methods back home. It was, in many ways, a "fellowship in education." However, the true "fellowship of hearts" happened outside the hospital walls. I moved to Toronto alone with my three children, each representing a distinct milestone of the adolescent journey:

- The Early Adolescent: Navigating the turbulence of puberty and identity.
- The Mid-Adolescent: Wrestling with autonomy and peer-group integration.
- The Late Adolescent: Standing on the precipice of adulthood and higher education.



Started the 2nd year of my training as a clinical fellow in HCTM and mainly in the Klinik Primer Adolescent, Developmental & Child clinic (ADC) under supervision of Professor Dr Azimah.



The 5 new Adolescent Medicine fellows in SickKids, Toronto (including myself). Our stories were on the Division notice board in the hall and the ward for the whole academic year!



With Dr Marina Md Sham. My roommate during MBBS, we went together on our undergrad elective in Australia over 20 years ago and did our fellowship together in HTA during the pandemic and again in SickKids. She is now a Paediatric Immunologist.

LESSONS FROM THE "DUAL RESIDENCY"

Managing three Adolescents and Young Adults overseas without family support was a humbling dual responsibility. By day I addressed neurodevelopmental and psychosocial issues at SickKids. By night I managed similar challenges as a mother. This reshaped my practice.

1. Empathy beyond treatment: I now consider family capacity when designing care plans.
2. Stronger safeguarding awareness: Exposure to rigorous child protection standards sharpened my clinical judgment.
3. Respect for individual growth: Personal experience reinforced that adolescent care is never uniform.

Returning to Malaysia within an academic primary care setting, I bring added value to clinical care and medical education. Drawing on the PGME Toronto framework, I teach trainees to integrate developmental context and family realities into practice. Family Medicine Specialists remain central to identifying early warning signs and protecting adolescent well-being.



At our fellow welcome dinner with the Division. I was in baju kurung batik as it was our Merdeka Day too.



Presenting our QIP project at the hospital.



Before returning home, we travelled west to Vancouver, Whistler, Banff and its glacier lakes. At summer's start, as my fellowship ended, my children and I had grown together. I strengthened my clinical and academic work, built international networks, and refined skills to better serve adolescents and young adults.



At my graduation ceremony with the Adolescent Medicine program co-directors



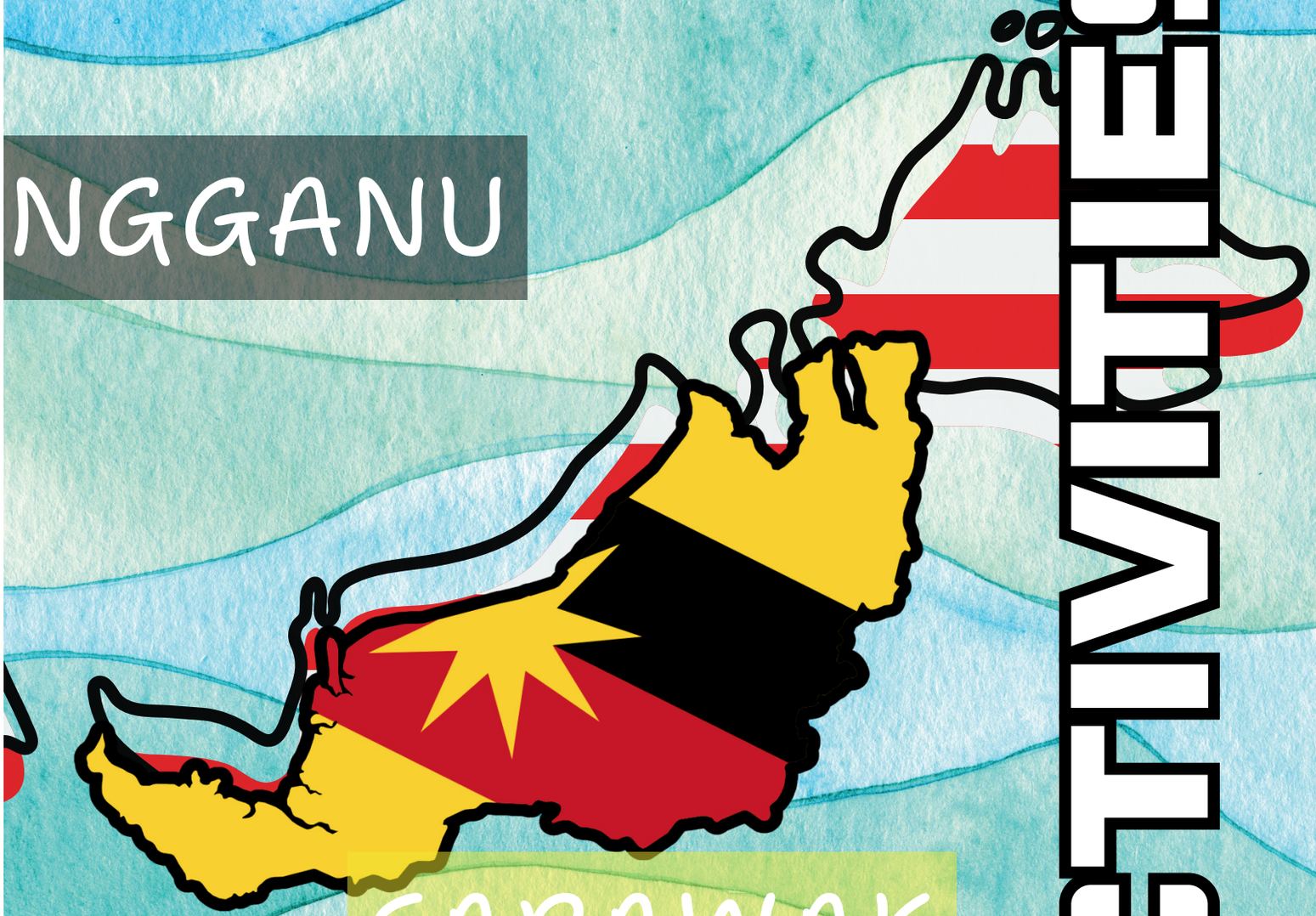
Back home, was also surprised and felt very honoured to have received recognition from FMSA for completing the three-year advanced training along with the early batches of MOH FMSes at the 2023 FMSC in Persada Johor.

HIGHLIGHTED STA



ATE

NGGANU



SARAWAK

ACTIVITIES



TERENGGANU

Building Synergy: FMS CONVENE AT PERHENTIAN

Fostering Team Spirit

Pulau Perhentian – Thirty-one Family Medicine Specialists (FMS) from across Terengganu successfully participated in a two-day, one-night team building event held at the beautiful Perhentian Island. The programme was strategically organized to reinforce professional collaboration, foster strong camaraderie, and emphasize the importance of work-life balance among the FMS cohort.

The event commenced with the arrival of participants at the Perhentian Island Resort (PIR). The agenda for the first day focused on maximizing informal interaction and group consolidation. A key activity was a refreshing snorkeling session in the afternoon and gathering for ice breaking in the evening.

The second day was filled with lively Team Games, which featured three main activities: Mendengar Guruh Di Langit, Air Di Tempayan Dicurahkan (Water Passing), Belon Ditiup, Cawan Dilekat (Balloon and Cup Relay), and Satu Minda, Sama Warna (Colour Matching). All three games required strategy and coordination among group members, successfully promoting esprit de corps and creativity. This comprehensive team building approach was effective in injecting renewed motivation and strengthening the rapport within the FMS group.





FMS TERENGGANU: Extending a Hand of Kinship During Ramadhan

Terengganu, 27 March 2025 (26 Ramadhan 1446H) – Observing the deeper meaning of the holy month, the Family Medicine Specialists (FMS) of Terengganu carried out the ***'Infaq Kasih Ramadhan 2025'*** initiative. Our simple purpose was to reach out to underprivileged (Asnaf) families, offering them modest help in the form of essential supplies and festive gifts (duit raya).

EIGHT DISTRICTS

This effort involved FMS dedicating time to personally connect with our neighbours across the state. Working in small teams, FMS were involved in visiting homes throughout the eight districts of Terengganu. We were grateful for the chance to meet 10 Asnaf patients and their families in each locality, serving a total of 80 households who were facing difficulty. Our deepest thanks are also extended to the dedicated nurses from the health clinics and rural clinics across all districts who collaborated closely in making these visits possible.





AID & COMFORT

The aid distributed came entirely from the personal contributions of the FMS members in Terengganu. This support was delivered directly to the homes, intended to lessen some of the immediate financial strain on these families. Taking time away from the clinical setting allowed us a moment to listen and offer a presence of compassionate care.

It is our sincere hope that this modest gesture provided a measure of comfort, allowing these families to observe the remainder of Ramadhan and prepare for Hari Raya Aidilfitri with a little more peace.





"Remaja Sihat Remaja WOW"

A Generation of Resilience



Dungun, Terengganu – A landmark health literacy initiative, the "Terengganu Family Medicine Specialists (FMS) with the Community Programme," was successfully executed on 26 June 2025 at Sekolah Menengah Kebangsaan (SMK) Kuala Jengal. Organised by the FMSA in partnership with the Terengganu State Health Department, the event served as a critical platform to actively empower rural youth by embedding foundational health knowledge.

Driving Health Literacy through Dynamic Learning



The programme's success was defined by its robust participation: 110 students from SMK Kuala Jengal engaged directly with 44 FMS, FMS Trainees and 50 health personnel from the State and District Health Offices. The official launch, conducted by the Dungun District Health Officer, underscored the governmental commitment to this community outreach model.

The core of the day was the highly successful "Explorace," a dynamic, ten-station circuit designed to drive health literacy through interactive learning. Specialists guided students through essential modules covering mental health, substance misuse prevention, the risks of tobacco use and basic first aid. The high enthusiasm and focused participation of the teenagers demonstrated the programme's immediate impact in cultivating a proactive attitude toward wellness.



Strategic Success and Resilient Outcome

This dedicated drive by the FMS contingent effectively bridged the gap between specialised medical knowledge and the community's needs. By collaborating closely with the school and the National Anti-Drug Agency (AADK), the programme has laid a strong foundation for sustainable healthy habits, directly contributing to the development of a resilient, well-informed and health-conscious generation.



2 YEARS OF SHAPING CARE: TERENGGANU FMS CME EXPANDS NATIONAL REACH



MILESTONE AND MISSION

Driven by an unwavering commitment to professional advancement, the Family Medicine Specialists (FMS) of Terengganu have successfully maintained a regular Continuous Medical Education (CME) programme delivered via a virtual platform. Marking its second anniversary, this initiative continues to serve a vital role in sharing and updating clinical knowledge among primary healthcare providers across the state, with its reach now extending nationally.

The core objective is the continuous empowerment of the local primary healthcare workforce, ensuring high standards of clinical practice through ongoing learning. The primary target audience includes Medical Officers, paramedics, nurses and allied health staff serving in Terengganu's clinics and beyond. The sessions cover a wide spectrum of clinical areas, providing updates on chronic disease management (Chronic Heart Failure and Diabetes Management in Ramadhan), clinical updates on Hepatitis C and Systemic Lupus Erythematosus and essential clinical refreshers (Epilepsy in Pregnancy and Gout).





ACCESSIBLE TO HUNDREDS

This educational outreach is planned on a monthly basis, offering consistent, reliable updates on current best practices in Family Medicine. By utilising a virtual platform, the programme achieves wide accessibility. Crucially, the CME series is provided on a no-fees basis, underscoring the FMS's pure passion for sharing and empowering other primary healthcare providers. This model ensures the engagement of hundreds of participants nationwide, effectively strengthening the overall healthcare delivery system.

MINDFIT 2025

FMS Perlis Leads a Youth Mental Health Movement Through Primary Care

FMS Perlis Community Project 2025
Sponsored by the FMSA and UiTM Arau

Reported by: Dr Suhairul bin Sazali,
FMS, KK Beseri, Perlis

In conjunction with World Mental Health Day 2025, Family Medicine Specialists (FMS) Perlis successfully organised MINDFIT 2025: ***"Focus Within, Win Beyond"*** a high-impact community mental health initiative aimed at empowering young adults with resilience skills.







Held on 25 October 2025 at Universiti Teknologi MARA (UiTM) Cawangan Perlis, the program gathered 180 students, making it one of the most significant mental health engagements between FMS and higher education institutions in the region. The initiative forms part of the FMS Perlis Community Project 2025, fully funded and supported by FMSA as part of its commitment to advancing community-focused primary care.

Addressing a Growing Mental Health Crisis

Mental health issues among young adults have risen sharply in recent years. According to WHO, 1 in 8 individuals globally suffers from a mental health disorder, with youth making up 15% of these cases. Suicide remains the third leading cause of death among individuals aged 15–29.

Recognising this urgent need, FMS Perlis designed MINDFIT 2025 to:

- Enhance mental health awareness
- Promote early help-seeking behaviour
- Reduce stigma
- Strengthen clinic–university collaboration
- Build emotional resilience among students

The event also reinforced the Buddy Clinic System, linking UiTM Perlis with Klinik Kesihatan in Kangar district to ensure smoother student referrals and continuity of care.





Engaging and Impactful Programme Structure

MINDFIT 2025 featured a dynamic range of modules and discussions tailored for young adults.

1. Chit Chat Mahasiswa Forums

Two interactive forums—"Mental Illness: Reality vs Stigma" and "Speak Up, Support Together"—addressed misconceptions, warning signs, and the importance of seeking help. Students resonated strongly with panel discussions led by FMS, psychologists and UiTM's health professionals.

2. LDK Empowerment Sessions

Hands-on activities formed the core of the programme:

- LDK 1: "Are You Okay?" – A guided emotional awareness module
- LDK 2: "Let's T.A.L.K!" – A communication framework to support peers

These sessions promoted empathy, active listening and early intervention skills.

Students visited a multidisciplinary exhibition highlighting mental health and wellness services available at Klinik Kesihatan and PKD Kangar, involving units such as NCD, Physiotherapy, Dietitian and Nutritionist Services, Occupational Therapy and OSCA. The booths provided practical guidance on stress management, healthy lifestyle practices, addiction support and referral pathways.

Officiated by YBrs. Dr. Ghazali bin Chik, Perlis State Health Director, the event strengthened the Buddy Clinic collaboration between UiTM Perlis and Klinik Kesihatan, improving referral flow, follow-up care and access to psychological and occupational therapy services. This initiative demonstrated the role of primary care in supporting youth mental health and bridging gaps between education and healthcare.





Impact and Key Achievements

MINDFIT 2025 delivered significant, measurable impact:

- 180 students directly benefited through forums, screenings, and LDK sessions
- Improved mental health literacy and awareness
- Reduced stigma and increased acceptance of mental health conversations
- Strengthened clinic–university collaboration through the Buddy Clinic System
- Increased visibility of primary care mental health services
- Enhanced multidisciplinary cooperation under FMS Perlis

Feedback from students highlighted increased confidence in recognising emotional distress and seeking help when needed.

FMSA's Commitment to Community Wellness

The entire programme was sponsored by FMSA and UiTM Arau, Perlis, with RM7,005 allocated to cover meals and refreshments, training materials, printing and programme books, tokens of appreciation, opening ceremony items and venue logistics. This sponsorship reflects FMSA's strong commitment to supporting community-based primary care initiatives and empowering FMS groups across Malaysia to implement impactful local programmes.







Conclusion

MINDFIT 2025 stands as a model example of how Family Medicine Specialists can lead youth mental health transformation at the community level. Through strategic planning, multidisciplinary collaboration and full backing from FMSA, FMS Perlis has created an initiative that is scalable, sustainable and aligned with the evolving needs of Malaysia's future generation. As mental health continues to shape national health priorities, MINDFIT 2025 demonstrates the important role of primary care clinicians in advocacy, early intervention and community empowerment.



JOHOR

AI FOR RESEARCH IN PRIMARY CARE: EMPOWERING A NEW WAVE OF INNOVATION AMONG FMS JOHOR

The rapid advancement of artificial intelligence (AI) is reshaping many facets of healthcare. In October 2025, Family Medicine Specialists (FMS) in Johor took a significant step forward in embracing this transformation. The AI for Research in Primary Care Workshop, held on 28–29 October 2025 at Universiti Tun Hussein Onn Malaysia (UTHM) Batu Pahat, marked a milestone in strengthening digital literacy and research capability among primary care clinicians.

Jointly organized by the Johor Family Medicine Specialist Association (FMS JDT) and the UTHM Health Centre, the two-day program gathered 41 participants, including 39 FMS and two medical officers from UTHM. The strong turnout reflected an encouraging momentum within the primary care community—one that is ready to explore how AI can enrich research quality, workflow efficiency and clinical problem-solving.

Strengthening Research Skills Through AI

The workshop was designed with a clear vision: to equip FMS with the foundational knowledge and practical skills needed to incorporate AI into their research activities. Over the two days, participants were exposed to a comprehensive lineup of sessions, ranging from introductory concepts of AI in healthcare research to hands-on modules in literature review, methodology development, data verification and presentation design.

With guidance from the lead speaker and facilitator, Dr. Mohd Syis Zulkipli, as well as a dedicated team of facilitators, participants engaged in group-based learning that allowed them to experiment directly with AI applications. Activities such as AI-Guided Kickstart in Medical Research and Data Verification & Analysis with AI received overwhelmingly positive feedback, with participants noting that hands-on practice significantly enhanced their understanding and confidence. The report's evaluation demonstrate consistently high satisfaction ratings, particularly for interactive sessions that encouraged real-time problem-solving using AI tools.



The workshop also succeeded in strengthening collaboration. Group activities encouraged active dialogue, teamwork, and the exchange of perspectives among FMS from different districts bring out a valuable outcome for a profession that often works in silos.

Meaningful Impact Beyond the Workshop

One of the most significant achievements of the workshop was the generation of four new research titles, each with strong potential to be developed into abstracts, manuscripts, posters or oral presentations. It is estimated that up to 16 research outputs may emerge from these projects, an impressive outcome that underscores how structured support and guided research pathways can ignite productivity among clinicians.

The workshop also enhanced participants' capabilities in:

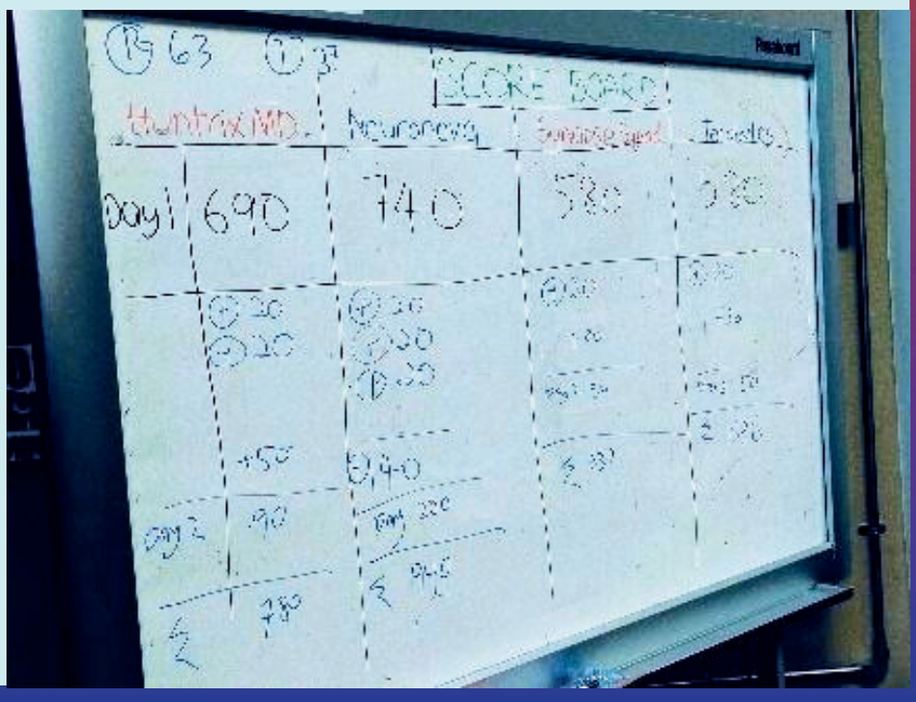
- Using AI for data analysis and verification
- Strengthening literature review methods
- Refining research question formulation
- Developing more polished and impactful presentations

Perhaps most importantly, many participants reported a renewed motivation to pursue research—an encouraging sign for the future of primary care scholarship in Johor.

A Stepping Stone to the Future

The success of the AI for Research in Primary Care Workshop reflects a larger shift in the mindset of primary care professionals. In a field where heavy clinical workloads can make research seem unattainable, the workshop demonstrated that with the right tools, structure and guidance; meaningful research is not only possible but deeply rewarding.

The collaboration between FMS JDT and UTHM signifies a promising pathway for continued research development, academic partnership and technological empowerment. As the report concludes, the insights gained will pave the way for future AI-based workshop series and greater innovation in primary care research.



Ultimately, this initiative stands as a testament to the commitment of FMS Johor to evolve with the times, embrace digital transformation and lead the way in strengthening evidence-based practice for the benefit of patients and the healthcare system at large.

FMS JOHOR LEADERSHIP COURSE 2025:

LEADERS WHO TRANSFORM LIMITATIONS INTO POSSIBILITIES

Exciting Learning Adventures This Month

The FMS Johor Leadership Course 2025 was held on 22 November 2025 at the Bilik Mesyuarat Klinik Kesihatan Sultan Ismail, marking another important milestone in Johor's efforts to elevate leadership capacity within its primary healthcare system. Carried by the theme ***"Leaders Who Transformed Limitations into Possibilities"*** the course brought together FMS officers from all districts for a full day of leadership enrichment and interprofessional engagement.

This state-level programme reflected the ongoing commitment of the Johor State Health Department to strengthen the capability, confidence and strategic thinking of FMS leaders. Participants represented a comprehensive network of clinics across the state—including Johor Bahru, Batu Pahat, Kota Tinggi, Kluang, Pontian, Segamat, Tangkak, Muar and Kulai—creating a diverse and collaborative learning environment. From 8.00 am to 5.00 pm, attendees immersed themselves in a structured series of sessions designed to refine their leadership mindset, sharpen management competencies and reinforce integrity in daily responsibilities. The course not only focused on personal leadership qualities but also emphasised the importance of effective team management, system improvement and ethical governance.













The opening sessions encouraged participants to revisit their purpose and motivation as healthcare leaders. Facilitators guided them through strategies to remain focused despite service challenges, inspiring them to recognise their potential to influence change within their facilities. These early discussions set the tone for the transformative learning that followed throughout the day.

Key Learning Sessions and Professional Enrichment

The programme featured contributions from seasoned trainers, senior FMS specialists, and distinguished external speakers from INTAN and SPRM. Their insights provided a comprehensive perspective on leadership in the public healthcare context.

One of the core sessions explored monitoring and improving audit performance, a critical responsibility for FMS leaders who oversee service delivery and clinical quality. Participants discussed practical approaches to identify gaps, implement corrective actions and continuously enhance standards at their respective clinics.

An engaging segment on official government protocol, delivered by the Director of INTAN Wilayah Selatan, deepened participants' understanding of administrative etiquette, communication management and the application of formal procedures in government settings. This knowledge supported the development of well-rounded leaders who navigate both clinical and administrative roles with professionalism.

The session on Ethical Leadership and Integrity, facilitated by SPRM Johor, reinforced the necessity of transparent decision-making, responsible stewardship of resources and the avoidance of conflicts of interest. Participants reflected on the vital role of integrity in sustaining public trust, especially within frontline services like primary healthcare. Later in the afternoon, the discussion shifted to conflict management and negotiation, equipping officers with strategies to address interpersonal challenges and workplace disputes. These insights were particularly valuable for FMS specialists who frequently coordinate multidisciplinary teams and manage patient-care dynamics.

The final session, Building a High-Performance Team, brought together the various elements of leadership discussed throughout the day. Participants examined methods to cultivate trust, encourage accountability and drive collective performance—key ingredients for strong and resilient primary care teams.









A Strengthened Foundation for Future Leadership

The Leadership Course 2025 concluded on a positive and energising note. Participants left with renewed clarity, strengthened leadership frameworks and a deeper understanding of their role in transforming primary healthcare services. The programme reaffirmed Johor's ongoing commitment to developing leaders who embody the values of Malaysia Madani and uphold the principle of "Berkhidmat Untuk Negara."

Through shared learning, collaboration, and enhanced leadership competencies, the FMS Johor fraternity continues to build a strong foundation for the future—one where limitations are not barriers but catalysts for innovation, improvement and meaningful change.



KEDAH

Developing Standardized Pre-Pregnancy Care (PPC) Materials:

A COORDINATED DISTRICT INITIATIVE

BY DR NAWAL NABILAH KAMALUDIN, FMS KK LANGGAR

Pre-pregnancy care (PPC) is an essential component of primary healthcare, offering comprehensive and holistic interventions for women of reproductive age, especially those living with medical comorbidities. By optimizing a woman's health before conception, PPC ensures a safer pregnancy, reduces potential complications and supports a healthy motherhood journey.

Understanding the importance of PPC education, the Family Medicine Specialists (FMS) of Kota Setar have taken the initiative to standardize pre-pregnancy care health education materials (HEM PPC). This effort aims to support healthcare providers in delivering consistent, accurate and effective PPC educations to clients at primary care. With standardized materials, staff can provide clearer guidance, empower women to make informed health decisions before conception and ultimately enhance maternal and perinatal outcomes across the district.

The initiative to standardize PPC HEM began with a committed team led by Dr. Sri Wahyu Taher, Dr. Artini Abidin, Dr. Nawal Nabilah Kamaludin, and Dr. Loh Shin Yee (coordinators for Pre-Pregnancy Care of PKD Kota Setar). The team held its first meeting in March 2025 together with the Pre-Pregnancy Care district committee, marking the official start of a structured and systematic implementation plan. During this initial meeting, the team outlined a clear roadmap to ensure the development process would run smoothly and efficiently. A second meeting was subsequently conducted via online platform, involving all FMSes of Kota Setar, District Family Health Officer and Medical Officers in charge of the PPC teams in each primary care. This session aimed to brief all the teams on the workflow, expectations, and key responsibilities for the project.



The draft of our PPC HEM is taking shape. May the process run smoothly and benefit all who will use it.

To ensure effective coordination, a dedicated development committee was established consists of FMS, MO and paramedic in each team. A total of six selected clinics were appointed to participate in the development of the PPC HEM. Their involvement represents a collaborative effort to ensure that the final materials are comprehensive, standardized and suitable for use across primary care facilities.







Canva workshop to make our materials more engaging and impactful - led by Dr. Nawal and Dr. Loh (FMS). Great teamwork and creativity all around!

A subsequent meeting was convened with FMSes, MO, matrons, sisters and paramedics from all primary care facilities in Kota Setar. The purpose of this session was to collectively review, refine and verify the accuracy and suitability of the PPC HEM content before finalization.

The contents were further reviewed by an internal panel comprising Consultant FMS and District Family Health Officer (PPKA) to ensure accuracy, clarity and clinical relevance. Following this review, the approved PPC HEM were transformed into visually engaging Canva designs to enhance readability, attract attention and support more effective patient education across primary care facilities.

A full-day Canva workshop was organized and led by Dr. Nawal and Dr Loh Shin Yee to equip the authors with the skills needed to design effective HEM. During the session, participants learned how to navigate Canva, apply design principles and integrate their validated content into layouts that were more polished, engaging and patient friendly. This hands-on training ensured that each clinic could produce materials that were both informative and visually appealing.

To date, the process is in its final phase, undergoing validation by the FMSes who serve as the coordinators of PPC. If all goes smoothly, the PPC HEM will be launched by the end of this year and be utilized widely across primary care facilities starting next year. We hope that these PPC HEM will assist all healthcare providers in Kota Setar in delivering PPC education to clients in a confident, holistic and comprehensive manner, ultimately supporting a safe and positive motherhood journey.

Project Langkawi:

PIONEERING INTEGRATED CLOUD-BASED HEALTHCARE IN MALAYSIA

BY: DR SHARNITHA A/P J. MUNUSAMY, FMS KK PADANG MAT SIRAT

The implementation of a Cloud-base Clinical Management System (CCMS) across Pulau Langkawi represents a significant milestone in Malaysia's public healthcare digitalisation. This initiative was designed to establish a "one patient, one medical record" system, leveraging cloud technology to provide seamless, accessible and integrated medical services to the island community.

The catalyst for this transformation occurred on July 23, 2023, when the then Ex-Director General of Health, Tan Sri Dato' Seri Dr Muhammad Radzi Abu Hassan, visited Klinik Desa Selat Lubuk Cempedak in Pulau Tuba. Witnessing the difficulties faced by patients and the shortfalls in medical communication due to paper-based records, he envisioned an interconnected system to guarantee continuity of care regardless of location.

The project aimed to equip all 13 KKM facilities in Langkawi with the CCMS, enhance service quality by reducing patient waiting times to under 90 minutes for over 90% of visits and unify patient records.

The Langkawi District Health Office (PKD Langkawi) and the Ministry of Health (MOH) team faced several challenges, including a lack of essential ICT equipment, limited internet connectivity, inadequate electrical infrastructure in older clinics and initial funding constraints.

A coordinated timeline ensured success:

- Aug 2023 – June 2024: Extensive planning and information gathering.
- Oct 2024 – Nov 2024: PKD Langkawi received crucial ICT equipment through a donation from the Rotary Lions Club.
- Oct 2024 – Dec 2024: Necessary financial allocations were secured for the CCMS subscription and network upgrades.
- Feb 2, 2025 – Feb 6, 2025: The CCMS "GO LIVE" successfully implemented the system across all 6 Health Clinics and 7 Rural Clinics in just five days.
- June 2025: The CCMS was extended and implemented in Hospital Sultanah Maliha, completing the island-wide integration.





Pulau Langkawi now stands as the first island and district in Malaysia to possess an integrated EMR system that seamlessly links the hospital and all primary healthcare facilities, ensuring a holistic view of patient history and treatment plans.

The initiative's success was recognized during the Hari Anugerah ICT KKM 2025, where it received multiple prestigious awards:

- Anugerah Negeri Terbaik Pelaksanaan CCMS: Awarded to the state of Kedah.
- Daerah pertama menjalankan Pendigitalan Sepenuhnya: Awarded to Pejabat Kesihatan Daerah Langkawi.
- Hospital Melaksanakan CCMS: Awarded to Hospital Sultanah Maliha.
- Anugerah Sokongan IT Terbaik: Awarded to Unit ICT, JKN Kedah.

This project serves as a powerful testament to the effective use of technology to improve public health services and overcome geographical barriers in Malaysia.



CXR AI SERVICE AT KLINIK KESIHATAN PENDANG

UNDER THE NATIONAL LUNG HEALTH INITIATIVE 2025–2030**

BY: DR FARAH MOHD MUHSIN @ ABD MUHSIN, FMS KK PENDANG

Klinik Kesihatan Pendang is one of only seven clinics in Malaysia offering AI-assisted Chest X-Ray (CXR AI) as part of the National Lung Health Initiative 2025–2030. This programme aims to strengthen early detection of lung diseases through digital innovation.



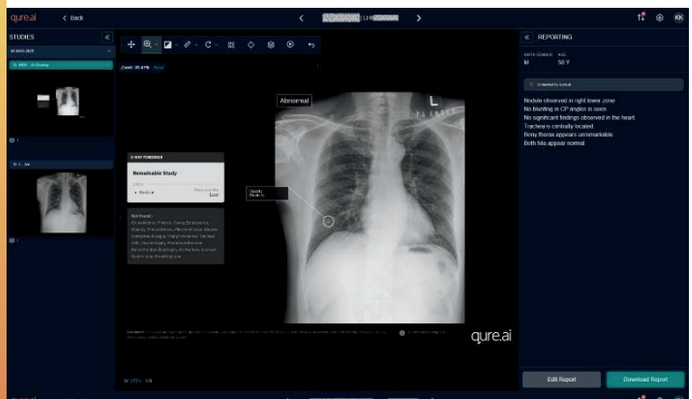
The National Lung Health Initiative Briefing was held in Putrajaya in early July 2025



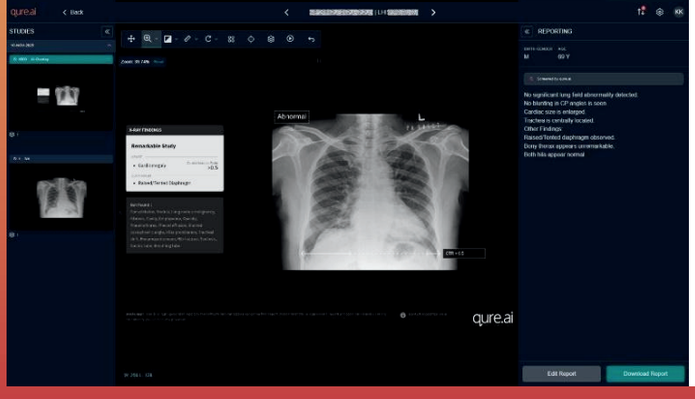
Under this initiative, patients attending KK Pendang will undergo lung health screening following the national patient flow. Sharing and counselling are conducted first according to the official lung health pathway. Clients identified as at-risk will receive a chest X-ray with AI reporting, while those with asthma or COPD symptoms will undergo spirometry testing.

Treatment is provided for infectious diseases such as tuberculosis and pneumonia and patients who need support will be referred to the smoking cessation clinic. If the X-ray shows a lung nodule, the patient will be given an appointment date for Low-Dose CT (LDCT). Urgent referral to a pulmonology specialist is arranged for any case suspected to be lung cancer.

Through this service, KK Pendang continues to strengthen early detection, timely referral and comprehensive respiratory care for the Pendang community



AI Chest X-ray Report: abnormal.
Lung nodule detected.



AI Chest X-ray Report: normal.
No abnormalities detected.



FMS SARAWAK

by Dr Shareezan Hoklai bin Sarudu
FMS, Klinik Kesihatan Jalan Masjid, Kuching

The year 2025 has been a remarkable one for Family Medicine in Sarawak, marked by a steady rise in the number of Family Medicine Specialists (FMS) serving across the state. Today, 68 FMS and pre-gazetted specialists are stationed in various districts, significantly enhancing the delivery of primary healthcare and ensuring that communities receive comprehensive, accessible and continuous care.





This achievement is the result of close collaboration between health divisions at the state, national and international levels, reflecting the shared commitment to advancing family medicine as the cornerstone of healthcare.

Through these partnerships, Sarawak has successfully implemented a wide range of initiatives, including health promotion programmes, clinical practice improvements and professional development activities.

Beyond clinical duties, FMS Sarawak have actively spearheaded community-based initiatives such as health promotion campaigns, chronic disease awareness programmes, rural outreach clinics and preventive care activities tailored to local needs.











These efforts not only improve health outcomes but also foster stronger relationships between healthcare providers and the communities they serve, reflecting the vital role of family medicine in building a healthier, more resilient Sarawak.





Majlis Makan Malam dan Ramah Mesra sempena lawatan PKN di Kapit



While the dedication of Family Medicine Specialists to clinical service and community health is commendable, we also recognise that “all work and no play makes Jack a dull boy.” In line with the holistic philosophy of primary care, FMS have actively participated in activities beyond the consultation room—ranging from sports & team- building events to farewell gatherings, festive celebrations and wellness programmes. These occasions not only promote physical and mental well-being but also strengthen camaraderie among colleagues and foster closer ties with the communities they serve. By embracing both professional excellence and social engagement, FMS embody the true spirit of holistic care, ensuring balance, resilience and vitality in their practice.



FMS Sarawak Primer Programme: 3M – Mirror. Mindset. Mastery

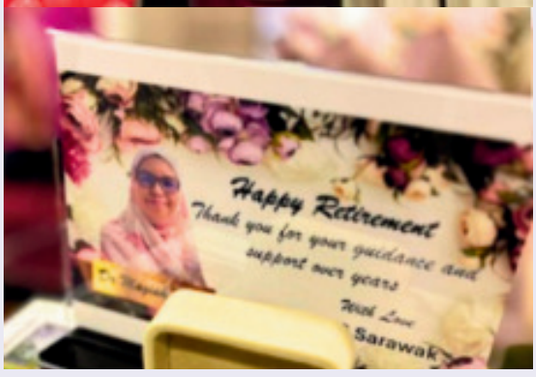


Honouring the Legacy of Dr. Maziah Ishak: A Decade of Leadership in Family Medicine

After a distinguished career spanning decades, Dr. Maziah Ishak, the respected Family Medicine Specialist consultant who has helmed Sarawak's primary care services since 2015 officially retired in 2025. Her retirement marks the conclusion of a remarkable chapter in Sarawak's healthcare journey, defined by visionary leadership, tireless dedication and transformative contributions to the state's health system.

As colleagues, communities, and patients bid farewell, Dr. Maziah is celebrated not only for her professional achievements but also for her warmth, humility and unwavering commitment to the people of Sarawak. Her legacy will continue to inspire future generations of Family Medicine Specialists who carry forward her vision of accessible, comprehensive and compassionate healthcare.





On behalf of the Family Medicine fraternity and the people of Sarawak, we extend our heartfelt gratitude and best wishes to Dr. Maziah Ishak as she embarks on this new chapter of life. May her retirement be filled with joy, good health and cherished moments with family and friends.



Family Medicine Fraternity Celebrates Excellence

The Family Medicine Sarawak fraternity proudly celebrates Dr. Maurice Steve Utap, Consultant Family Medicine Specialist at Klinik Kesihatan Bandaraya Miri, who was recently conferred the Pingat Bintang Kenyalang (P.B.K.). The prestigious award was presented by the Honourable Tuan Yang Terutama Yang Di-Pertua Negeri Sarawak, Tun Pehin Sri Dr. Haji Wan Junaidi Bin Tuanku Jaafar, during a ceremony at the Dewan Undangan Negeri Sarawak.

MELAKA

BUILDING STRONGER LEADERS IN PRIMARY CARE

FMS MELAKA'S LEADERSHIP & PERSONALITY DEVELOPMENT WORKSHOP 2025



Participants of the workhop

The Family Medicine Specialists of Melaka successfully organised the Leadership and Personality Development Workshop (FMS Melaka 2025) on 22–23 May 2025 at the Seminar Room, Klinik Kesihatan Durian Tunggal, Melaka. Conducted with support from the Melaka State Health Department, the two-day workshop was designed to strengthen leadership qualities and personal development among family medicine specialists, while also introducing strategies to support mental resilience and wellbeing in the healthcare environment. A total of 25 participants attended and benefited from an engaging programme that combined structured learning with interactive reflection and practical skill-building.

The workshop was developed with three main objectives, which were to strengthen leadership skills among family medicine specialists, to introduce mental wellness strategies through the Optimal Health Program (OHP) and to cultivate professional identity alongside emotional resilience in healthcare delivery. Throughout the programme, participants took part in sessions that encouraged vision-setting and leadership awareness, while also exploring communication approaches such as motivational interviewing and health coaching techniques. The inclusion of the OHP module was particularly impactful, as it provided participants with practical tools to better manage personal and professional wellbeing, supporting them in coping with the demands of clinical service while maintaining emotional balance and confidence as healthcare leaders.

The workshop concluded with a meaningful officiation ceremony held in conjunction with the World Family Doctor Day (WFDD) 2025 celebration. The event was officiated by the State Health Director, Dr Ruzita binti Mustaffa and also included a tribute to Dato' Dr Hajjah Norsiah binti Ali, the former Head of FMS Melaka and current Head of Bahagian Pembangunan Kesihatan Keluarga (BPKK). This segment added a strong sense of inspiration and appreciation to the programme, recognising leadership contributions in family medicine and reinforcing the importance of service, mentorship, and professional dedication within primary care.



Opening Speech By Dr Azman bin Othman, Head of FMS Melaka



Farewell to Dato' Dr Hajjah Norsiah binti Ali, former Head of FMS Melaka and current Head of Bahagian Pembangunan Kesihatan Keluarga (BPKK) in Ministry of Health Malaysia



Officiation ceremony of the workshop and WFDD celebration by Dr Ruzita binti Mustaffa



In terms of deliverables, the workshop produced printed training materials and workshop kits based on the OHP module, alongside a completed programme report and participant evaluation summary. An official montage video was also produced to document key activities, including the WFDD segment. The programme recorded a total expenditure of RM3,935, with an additional deficit of RM935 covered by FMS Melaka, demonstrating the organisers' strong commitment to ensuring the event was delivered successfully.

Overall, feedback from participants was highly positive, with many rating the workshop as valuable and requesting similar events in the future. Participants highlighted that the workshop enhanced their leadership awareness and encouraged deeper self-reflection, while also strengthening their emotional resilience as professionals working in primary care. The OHP component was frequently described as especially meaningful, as it offered practical and applicable strategies for managing stress, sustaining motivation and promoting wellbeing in both personal and professional life. The successful completion of this workshop reflects FMS Melaka's continued commitment to strengthening the leadership capacity of family medicine specialists and nurturing a more resilient and confident healthcare workforce for the future.



Group activity



Workshop individual activity



Group photo of participants with speaker.



Dr Ummi, Speaker and trainer for OHP Sanubari module.

Academia

UPDATES

IMU UNIVERSITY

UNIVERSITI SAINS ISLAM MALAYSIA
جَامِعَة العُلوم الإسْلامِيَة المَالِيزِيَة
ISLAMIC SCIENCE UNIVERSITY OF MALAYSIA

KAMI MEMIMPIN
USM UNIVERSITI SAINS MALAYSIA

UNIVERSITI TEKNOLOGI MARA

UNIVERSITI PERTAHANAN NASIONAL MALAYSIA
UPNM
National Defence University of Malaysia
Kewajipan • Maruah • Integriti

STRENGTHENING ADOLESCENT WELL-BEING THROUGH COLLABORATIVE PRIMARY CARE

IMU UNIVERSITY – KLINIK KESIHATAN SIKAMAT ADOLESCENT HEALTH PROJECT

(DISTRICT PARTNERSHIP INITIATIVE)

IMU Family Medicine Team: Prof Chandramani Thuraisingham, Prof Teng Cheong Lieng, A/Prof Verna Lee Kar Mun, A/Prof Stanley Chan Chun Wai, Dr Sasikala Devi Amirthalingam, Dr Malanashita Ganeson



Since 2023, IMU University, through its Family Medicine Department, has collaborated with Jabatan Kesihatan Negeri Sembilan (JKNS) under the District Partnership Initiative (DPI) to conduct quarterly Adolescent Health outreach across secondary schools in the Seremban district. Supported by formal approval from Jabatan Pendidikan Negeri Sembilan (JPNS), this initiative exemplifies community-centred primary care and interprofessional collaboration, reflecting a collective commitment to fostering healthier and more resilient adolescents.

Embedded within the early clinical-phase curriculum, the project integrates the strengths of IMU's Family Medicine faculty with the expertise of Klinik Kesihatan Sikamat's School and Adolescent Health Units. It provides meaningful community-based experiential learning for medical students while addressing adolescent health needs.

Coordinated through the School & Adolescent Health Unit of Klinik Kesihatan Sikamat, the programme reaches all-boys, all-girls and co-educational secondary schools, ensuring equitable access for students from Forms 1 to 3. Through these structured outreach visits, adolescents receive comprehensive, age-appropriate health education covering sexual and reproductive health, mental health, substance abuse prevention and healthy lifestyle promotion thus, strengthening adolescent health literacy and supporting primary care objectives across the district.



A Student-Led Model Grounded in Primary Care Principles

At the heart of the programme is a student-led educational model that builds leadership skills and empowers clinical students to act as health advocates. Under the supervision of Family Medicine faculty and in collaboration with medical officers, nurses and the Family Medicine Specialist from Klinik Kesihatan Sikamat,

Year 3 clinical students design and deliver interactive learning sessions covering:
1.Female Reproductive Health
2.Male Reproductive Health
3.Mental Health
4.Substance Abuse

As the school children rotate through the four stations, they are exposed to essential adolescent health issues and learn how social environments and relationships shape health behaviours. Sessions are conducted in small-group classroom settings to encourage openness, particularly when addressing sensitive topics. This setting enhances privacy, promotes engagement and enables meaningful dialogue among adolescents and their peers.

Pre and post-test questionnaires help assess knowledge gained, reinforce key messages and encourage positive behavioural change, an approach that nurtures preventive mindsets central to family medicine practice.



Strengthening Adolescent Mental Health and Preventive Awareness

Mental health education remains a core focus of the project. Adolescents learn to recognise early signs of mental distress, engage in responsible responses to peers in difficulty and appreciate the importance of healthy coping skills and the treatability of mental illness. Similarly, substance abuse education emphasises early recognition, prevention, harm awareness and pathways to help, supporting adolescents in making safer, informed decisions.

Reproductive health education, delivered in gender-specific stations ensures adolescents receive accurate, culturally aligned information on puberty, menstrual and sexual health, consent and legal implications, sexually transmitted infections, HIV/AIDS and condom use.

Looking Ahead



As quarterly visits continue, the project deepens its long-standing commitment to adolescent health literacy and sustainable collaboration between IMU University, JKNS and the community.

It stands as a model of preventive and educational primary care in action, increasing awareness among adolescents and school staff, enabling early identification of at-risk students and strengthening capacity for future-ready medical graduates.

Although the topics addressed were sensitive, the adolescents participated with enthusiasm and readiness to learn, engaging actively during discussions. Being closer in age, the medical students created a relatable, safe and youth-friendly environment that encouraged open communication.

Overall, the project supports early clinical-phase students in transitioning from preclinical, teacher-directed learning to the independent teamwork expected in clinical practice. Through community-based experiential learning, students gain practical experience in communicating sensitive health topics while developing essential competencies for their future roles as primary care physicians.

BRINGING COMPREHENSIVE HEALTH SERVICES TO THE NILAI IMPIAN COMMUNITY: THROUGH THE LENS OF FAMILY MEDICINE SPECIALISTS.

UNIVERSITI SAINS ISLAM MALAYSIA
جامعة العلوم الإسلامية الماليزية
ISLAMIC SCIENCE UNIVERSITY OF MALAYSIA

Masjid Abu Al Darda, Nilai Impian, demonstrated exemplary community effort by organising **"Hari Kesihatan Komuniti 2025"**, a comprehensive health programme on 25th October 2025. This collaborative initiative united USIM Healthcare Sdn Bhd, Universiti Putra Malaysia (UPM), USIM Medical and Dental Faculties, Green Crescent Malaysia and other partners to serve the local community by providing accessible healthcare.

A Team Effort for Community Health

USIM Healthcare Sdn Bhd (UHSB), a private healthcare service under Universiti Sains Islam Malaysia (USIM), assembled a multi-disciplinary team led by its Medical Director cum Family Medicine Specialist (FMS) and medical lecturer. The UHSB team brought together specialists, support staff and volunteer medical students for the programme. They served approximately 30 community members at the USIM Healthcare booth, while other partners provided complementary services. The programme showcased the power of strategic partnerships and inter-organisational teamwork in a shared mission to promote community wellness.

Comprehensive Health Screening

At the main booth, three volunteer medical students from the Faculty of Medicine and Health Sciences, USIM conducted initial health assessments. This involved checking participants' BMI, blood glucose levels and blood pressure measurements. These screenings provided valuable baseline health data before participants proceeded to consultation with the FMS. Many of the participants had normal blood sugar and blood pressure levels. However, the few that had abnormal results were encouraged to attend a clinic for further investigations or monitoring.



Picture 1. Dr. Sharifah Najwa (FMS) with Assoc. Prof Dr. Tengku Amatullah Madeehah (Public Health Specialist) and Assoc. Prof Dr. Mohd Radzniwan (FMS) from USIM and Green Crescent Malaysia



Picture 2. The USIM Healthcare registration booth.

Mental Health Matters

Our psychiatrist provided valuable mental health consultations, utilising evidence-based screening tools including the PHQ-9 for depression and GAD scale for anxiety. In a society where mental health concerns are often overlooked, this service offered community members a safe space to address their psychological wellbeing.

Supporting Children's Development

The paediatrician conducted specialised screening and consultations for children, focusing on developmental concerns including ADHD and Autism Spectrum Disorder. Parents and caregivers received expert guidance and when needed, referrals for further comprehensive evaluation.

Not Neglecting Dental Care

USIM Dental Faculty in a joint collaboration with UHSB through a community grant, joined the effort by conducting dental screenings and providing oral health education to participants.



Picture 3. L-R: Assoc. Prof. Dr. Radzniwan (FMS), Dr. Sharifah Najwa (FMS), Dr. Lau (Paediatrician), Dr. Nur Azah (Psychiatrist)



Picture 4. A picture with the medical students at the booth and Encik Fakrur, our marketing team at UHSB.

BEHIND THE SCENES: MAKING IT HAPPEN

While healthcare providers were at the frontline, the programme's success relied on seamless support from multiple teams. The marketing team ensured effective community outreach and smooth logistics, while specialist clinic staff managed administrative tasks and participant flow efficiently



A LEARNING EXPERIENCE FOR FUTURE DOCTORS

For the medical students who volunteered, the programme offered invaluable hands-on experience in community medicine. Beyond textbooks and lecture halls, they engaged directly with community members, learning how to apply their knowledge in real-world settings while contributing meaningfully to public health under the supervision of their lecturer.

BUILDING BRIDGES WITH THE COMMUNITY

The multi-partner collaboration orchestrated by Masjid Abu Al Darda represents more than just a one-day health programme. It demonstrates how community organisations can take the lead in addressing local health needs by bringing together diverse strategic partners - from universities (USIM, UPM), healthcare providers (USIM Healthcare Sdn Bhd) to non-governmental organizations (Green Crescent Malaysia), creating a comprehensive network of care and support. Prof. Madya Dr. Mohd Radzniwan, a medical lecturer and FMS from USIM and UHSB provided a talk about elderly care, also representing Green Crescent Malaysia's vision for the community.

By bringing specialists in family medicine, psychiatry, and paediatrics directly to the community, the programme eliminated many obstacles that prevented people from seeking care whether it be the cost of travel, difficulty scheduling appointments or simply not knowing where to turn for help.

USIM Healthcare Sdn Bhd remains committed to responding to such community partnerships, bringing quality, compassionate healthcare beyond hospital walls and into the heart of the communities we serve. The FMS team in USIM are dedicated to serve, become gatekeepers and provide continuity of care, alongside their main tasks as medical lecturers in the medical faculty.



LOOKING FORWARD

As the programme concluded, participants expressed gratitude for the accessible, comprehensive care they received. Parents appreciated the specialised attention given to their children's developmental concerns. Others valued the opportunity to discuss mental health in a supportive, non-judgmental environment.

The success of this initiative points to the value of continued community partnerships. USIM Healthcare Sdn Bhd looks forward to future collaborations with community organisations that share our vision of accessible, quality healthcare for all.



Written by,
Dr. Sharifah Najwa Binti Syed Mohamad
Family Medicine Specialist and Medical Lecturer, USIM
Medical Director, USIM Healthcare

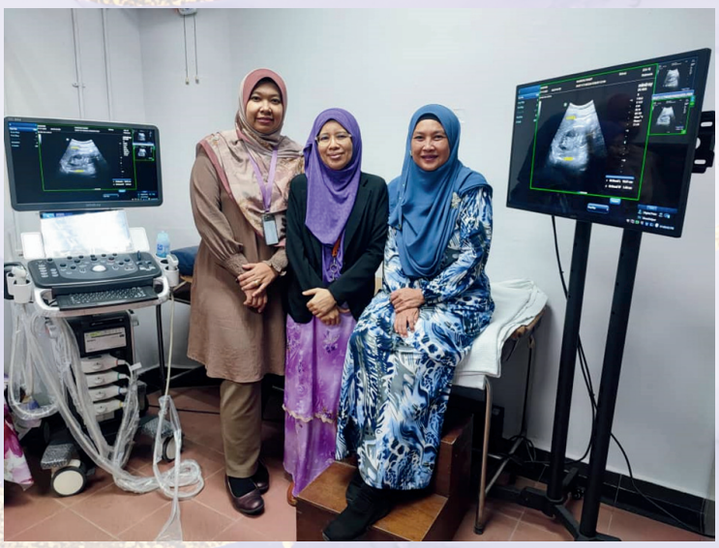
Associate Prof. Dr. Mohd Radzniwan A. Rashid
Family Medicine Specialist,
Deputy Dean (Students Affairs & Alumni),
Faculty of Medicine and Health Sciences, USIM

ENHANCING PRIMARY CARE WITH POINT-OF-CARE ULTRASOUND (POCUS)

By Associate Professor Dr. Nani Draman
Department of Family Medicine,
Universiti Sains Malaysia

POINT-OF-CARE ULTRASOUND (POCUS) is rapidly transforming clinical practice worldwide by providing real-time, bedside imaging that supports faster and more accurate decision-making. In Malaysia, POCUS is increasingly recognised as a vital tool in primary care, enhancing diagnostic precision and improving patient outcomes within community-based settings.

POCUS was first introduced at Universiti Sains Malaysia (USM) through the Emergency Department under the leadership of Prof. Dr. Shaik Farid Abdull Wahab, who later completed his fellowship training in Critical Care and Emergency Ultrasound with WINFOCUS in the United States in 2016. Upon returning to Malaysia, he actively championed the integration of POCUS across clinical disciplines and was instrumental in establishing structured training pathways. In 2021, I obtained a fellowship in Critical Care and Emergency Ultrasound POCUS, becoming one of the first Family Medicine Specialists to do so. Since then, I have collaborated with the USM Emergency Department team to develop a dedicated POCUS in Primary Care module, aimed at training and empowering Family Medicine practitioners to enhance diagnostic capabilities and improve patient care at the primary-care level.



USM Family Medicine Specialists with a shared interest in POCUS in Primary Care. From left: Dr. Salziyan Badrin, me, and Dr. Zainab Mat Yudin.

USM has introduced a structured POCUS fellowship training program for Malaysian primary-care providers, marking a significant milestone in healthcare delivery. With proper training, credentialing and integration into clinical workflow, POCUS empowers clinicians to deliver faster, safer and more patient-centred care, particularly in semi-urban and rural areas where access to specialist imaging may be limited.

POCUS supports early detection of critical and common conditions, from acute abdominal pain, trauma, to musculoskeletal injuries, cardiac assessment and for procedural guidance. This aligns closely with national efforts to strengthen primary healthcare, optimise referral pathways and reduce unnecessary hospital admissions.

As the primary-care landscape evolves, POCUS stands as a key innovation supporting Malaysia's vision for high-quality, equitable and cost-effective healthcare.

At Outpatient Primary Care Clinic, Hospital Pakar USM, we established a dedicated POCUS clinic in 2023, operating every Thursday morning from 8.00 am to 12.00 pm. Four medical officers trained in performing POCUS will take charge of the clinic on a rotational basis, supported by one to two Master of Family Medicine trainees (Year 2 or 3) who are attached to the unit as part of their clinical ultrasound training.



Medical officers supporting the POCUS clinic: Dr. Nursyuhada Roslan, Dr. Nik Nor Salmiyah Nik Ideris, Dr. Nik NurFariha Mohamed Zalami, and Dr. Nor Haizee Hashim.

Since its inception, the POCUS clinic has significantly enhanced the ultrasound skills and confidence of primary care providers. It also serves as an effective screening and triage platform, enabling early assessment of referred cases, identification of clinically important findings and appropriate referral of selected patients to the Radiology Department for further evaluation and detailed imaging. This approach has strengthened diagnostic efficiency, improved patient flow, and fostered a culture of evidence-based practice within primary care training at USM.

The POCUS in Primary Care Program continues to grow and strengthen. To date, two fellows have recently completed their training: Dr. Mohammad Zawawi bin Abu Bakar from Klinik Kesihatan Gunung Rapat and Dr. Mohd Zamir bin Md Nor from Klinik Kesihatan Simpang Durian. Currently, four additional fellows are still undergoing training.

WHY POCUS IS A GAME-CHANGER IN PRIMARY CARE ?

Implementing POCUS in primary care offers significant clinical, operational and economic advantages. As the point of contact for most patients in Malaysia, primary-care providers are ideally positioned to utilise POCUS to improve early detection, triage and ongoing monitoring of diseases, especially in settings with limited access to specialist imaging.

1. Early and Accurate Clinical Decision-Making

POCUS allows real-time bedside evaluation, enabling primary-care physicians to detect key findings during consultation. This supports earlier diagnosis of conditions such as ectopic pregnancy, abdominal aortic aneurysm, gallstones, kidney stones, cardiac dysfunction and pleural effusion. Timely diagnosis leads to faster interventions and improved patient safety.

2. Reduces Unnecessary Referrals and Hospital Burden

With POCUS, many common clinical questions can be answered on the spot, reducing unnecessary referrals for formal imaging, preventing overcrowding in emergency departments and lowering overall healthcare system costs. Patients benefit from quicker reassurance and streamlined care pathways.

3. Enhances Continuity of Care in the Community

Family Medicine Specialists manage chronic disease long-term. POCUS provides an added layer of assessment for conditions like heart failure, fatty liver, chronic kidney disease and musculoskeletal issues, allowing follow-up and surveillance without repeated hospital visits.

4. Strengthens Rural and Semi-Urban Healthcare

In many rural areas, access to radiology services is limited. POCUS narrows the diagnostic gap by empowering healthcare providers to assess and triage patients effectively, ensuring timely referral only when needed. This supports equitable healthcare delivery aligned with national health goals.

5. Improves Patient Trust and Experience

Patients greatly value real-time visual assessment and explanation of findings. Seeing their condition on screen enhances understanding, satisfactio, and confidence in primary-care services, building stronger doctor-patient relationships.

6. Skill Empowerment and Professional Development

Integrating POCUS elevates the capability of Family Medicine Specialists, enhancing clinical confidence and expanding procedural and diagnostic skills. This creates a more dynamic, evidence-based and technology-competent primary-care workforce.

7. Cost-Effective, Sustainable Healthcare Innovation

POCUS is portable, increasingly affordable and low-maintenance. Its ability to provide high diagnostic value at low cost makes it a practical tool for Malaysia's healthcare system, contributing to long-term sustainability and value-based care.



Facilitating the ultrasound hands-on workshop.

CHALLENGES WITH POCUS CREDENTIALING

Although POCUS has demonstrated tremendous value in primary care, a major challenge remains the absence of a clear and standardised credentialing pathway for Family Medicine Specialists in Malaysia. Currently, credentialing practices vary across institutions and are predominantly centred on emergency and radiology departments, making it difficult for Family Medicine Specialists to obtain formal recognition and clinical privileges in ultrasound practice. This lack of standardisation can compromise training consistency, medico-legal confidence, and quality assurance.

To address this gap, a national credentialing framework tailored to primary care is urgently needed. Such a framework should be supported by accredited training centres, structured competency assessments, and digital logbook systems. Collaboration with professional bodies and alignment with international standards will further strengthen governance, safeguard patient safety and ensure the sustainable integration of POCUS into frontline healthcare services.

The POCUS in Primary Care team at USM is deeply committed to advancing this vision by providing fellowship training for Family Medicine Specialists in Malaysia. Those interested in learning more about the program are encouraged to contact me via email at drnani@usm.my.



Congratulations to Dr. Mohammad Zawawi bin Abu Bakar (Right) and Dr. Mohd Zamir bin Md Nor (Left) on successfully completing their fellowship training!



U-CARE 2025:

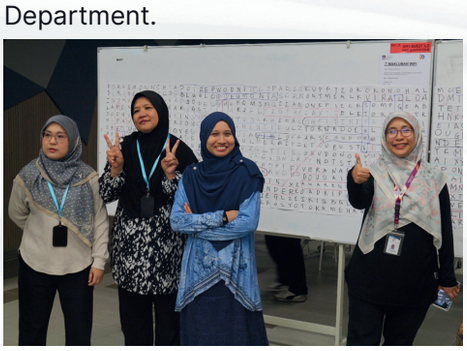
UITM'S COMMITMENT TO SUSTAINABLE HIV PREVENTION AND HEALTH ADVOCACY

Dr Aiza Nur Izdihar Zainal Abidin[1], Associate Professor Dr Ilham Ameera Ismail[1], Dr Nafiza Mat Nasir[1], Dr Nurfazlinda Md Shah[2]

1.Department of Primary Care Medicine, Faculty of Medicine, Universiti Teknologi MARA (UiTM) & Hospital Al Sultan Abdullah
Public Health Unit, Universiti Teknologi MARA (UiTM) Health Centre

Family Medicine and Public Health Specialists from Universiti Teknologi MARA (UiTM) have collaborated to strengthen HIV prevention and advocacy via programmes and modules implemented across few public universities and within UiTM.

This strategic initiative was conceived by the Deputy Vice-Chancellor (Student Affairs), Prof. Dr. Hj. Mohd Sazili Shahibi and implemented through the organisation of the UiTM Health Centre under the Student Affairs Department.



We also received collaboration from Kelab HEAL-X-KAMI (Kesihatan Anak Muda IPT) and the Malaysian AIDS Council (MAC), supported by the KAMI-IPT programme under the Ministry of Higher Education (MoHE).

U-CARE (University-Community Action on Reducing Epidemic) Conference 2025 was successfully held twice this year. The first event was a three-day programme held at the Copthorne Hotel, Cameron Highlands, Pahang on 20 - 22 June 2025. It aimed to empower students as agents of HIV advocacy, as peer-led HIV interventions have proven to be an effective way to deliver evidence-based HIV prevention to key populations.

The second event targeted university authorities; including wardens, hostel heads, deputy deans and officers from student affairs departments.

Since they play a crucial role in understanding and engaging young key populations as part of HIV prevention efforts, the three-day programme was held at Institute of Leadership and Development (ILD) UiTM, Nilai, Negeri Sembilan on 25 - 27 November 2025.

Both events were carried out efficiently under the theme ***"Educate, Empower, Eradicate."*** Interactive sessions were designed by a multidisciplinary team comprising a Public Health Specialist from UiTM, Family Medicine Specialists from the Department of Primary Care Medicine, UiTM, facilitators from the Shah Alam and Puncak Alam Health Centres and representatives from the Malaysian AIDS Foundation (MAF) and Persatuan Insan Murni Malaysia (IMAM).

THEME 1: EDUCATE

Throughout the events, participants were provided with basic knowledge about HIV, its modes of transmission, and the alarming number of people living with HIV. It was highlighted that 75% of these individuals are from the young adult population aged 20–39, which is the age group where their peers and students belong. Subsequently, sessions such as "Stigma Shout" and "Know Your Tools" successfully enhanced participants' knowledge of HIV prevention strategies while increasing their understanding of the harmful effects of stigma on HIV prevention, testing, and care.



A role-play activity to enhance understanding of how HIV attacks CD4 cells

THEME 2: EMPOWER

Within this theme, sessions such as "Sex, Consent & Safe Relationships," "Wildfire," and "Bridging the Gaps: HIV, Mental Wellness & Access to Care" were designed to suit the participants' profiles, whether as peers or as adults who will support key populations. This theme aimed to empower participants and foster a sense of responsibility to become agents of change by supporting individuals at risk to choose safer options, reduce high-risk behaviours, prevent HIV and seek help for mental health issues. It also strengthened university leadership in student-based actions to address HIV.



Presentation by university leaders on student and community-based plans

THEME 3: ERADICATE

Finally, towards the end of the programme, participants from both events presented their group work on future plans for HIV awareness campaigns, either at the student level or to higher authorities.



Students doing the hands-on activities.







During the programme at the Institute of Leadership and Development (ILD), UiTM, an additional session on "HIV and Islam" was included. Esteemed speakers were invited, namely Dr. Nur Afiqah Mohd Salleh, Vice President of the Malaysian AIDS Council (MAC), and Prof. Dr. Samsul Draman, Family Medicine Consultant and Member of the IIUM Board of Governors, who is well known for his work focusing on integrating religious approaches for transgender individuals.

Both events received positive feedback from students and authorities. The pre- and post-test survey results revealed increased knowledge and improved attitudes among participants after the conference. This project demonstrates that the work of a Family Medicine Specialist goes beyond clinics and classrooms, instilling societal obligation in colleagues and students- a fardu kifayah that must be fulfilled, especially by Muslim medical practitioners. The facts speak for themselves; the numbers cannot lie, and the work must continue to support younger generations by creating youth-led programmes. The U-CARE UiTM team hopes to gain further support from various leaders, including FMS colleagues from Ministry of Health (MOH) to expand services, contributing towards the achievement of the HIV 95-95-95 targets by the year 2030.

The U-CARE UiTM 2025 Conference demonstrates UiTM's continued commitment to nurturing students and staff who are socially responsible and engaged with current health issues. It will be incorporated into the Student Affairs' Strategic Plan 2026–2030. This initiative aligns with UiTM aspirations and supports national efforts to build a healthy society.



Figure 1 : A collaborative event with the Princecourt Project Director and FPKP,UPNM

WORLD DIABETES DAY 2025: UPNM AND PRINCE COURT MEDICAL CENTRE COLLABORATION

By: Datin Dr Hasliza binti Abu Hassan
Senior Lecturer & Consultant Family Medicine Specialist
Faculty of Medicine and Defence Health (FPKP), National Defence University of Malaysia (UPNM)


Figure 2 : Know your metabolic profile station

On 15 November 2025, the Faculty of Medicine and Defence Health (FPKP, UPNM) participated in World Diabetes Day 2025 at Prince Court Medical Centre (PCMC) through a collaborative public health initiative involving UPNM, PCMC, and the Family Medicine Specialist Association (FMSA). This year's World Diabetes Day programme aligned with the WHO theme "Diabetes Across Life Stages," emphasising that diabetes awareness, early detection and supportive care should extend across childhood, adulthood and older age; not only within clinics, but also within communities.

This collaboration was designed as more than an awareness campaign. It functioned as a practical platform for health promotion, community engagement and medical student development, reflecting the values of family medicine such as continuity, prevention, patient-centred communication and real-world problem-solving.

WHY THIS COLLABORATION MATTERED ?

Diabetes remains a major and growing public health challenge, with consequences that span cardiovascular disease, kidney disease, neuropathy, infections and avoidable disability. Yet public engagement around diabetes can often be fragmented including screening without counselling, advice without practical support and health messaging without meaningful interaction. This initiative aimed to close that gap by offering interactive, station-based education and screening, delivered in a public-facing setting that allowed participants to ask questions, clarify misconceptions and connect health information to actionable next steps.

PROGRAMME OBJECTIVES

UPNM's participation at PCMC was structured around four objectives:

1. To support public awareness efforts related to diabetes prevention and early recognition.
2. To provide clinical exposure and health education experience for medical students in a real-world environment.
3. To enhance UPNM's visibility in national-level health programmes and multi-sector collaboration.
4. To strengthen strategic partnership with a high-standard healthcare institution, supporting sustainability of future collaborative programmes.

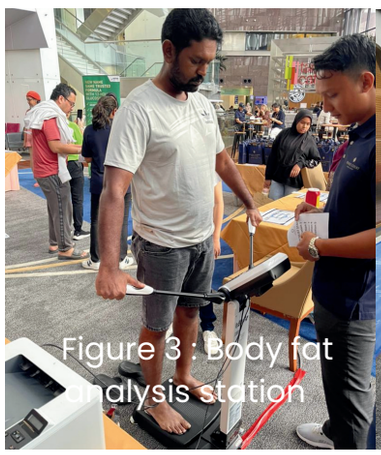


Figure 3 : Body fat analysis station

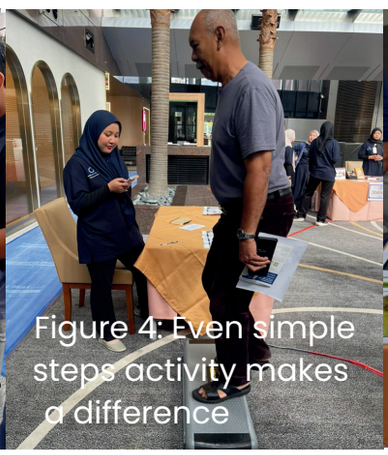


Figure 4: Even simple steps activity makes a difference



Figure 5 : Understanding diabetes complications

UPNM'S CONTRIBUTION: 5 INTERACTIVE STATIONS

A team of 12 Year 5 medical students, supervised by FPKP lecturers and PCM consultants under Datin Dr Hasliza binti Abu Hassan (Family Medicine Consultant), supported programme delivery through five practical learning stations focused on diabetes education and behaviour change. Station 1 provided blood glucose and blood pressure screening with brief counselling to help participants understand results and reduce risk through realistic actions. Station 2 assessed BMI and body fat, linking cardiometabolic risk with nutrition and sustainable physical activity. Station 3 demonstrated basic wound and foot care to prevent diabetes complications. Station 4 used a health quiz to reinforce knowledge on diabetes, heart, and kidney health in an engaging format. Station 5 promoted daily movement through a step challenge encouraging small, consistent lifestyle changes.

EDUCATIONAL VALUE: TRAINING FUTURE DOCTORS IN HEALTH PROMOTION

For the Year 5 students, this programme was a valuable experiential learning opportunity. It strengthened:

- clinical communication (explaining risk, counselling without blame, responding to questions)
- public health education skills (tailoring messages for diverse backgrounds)
- professionalism and teamwork (working under supervision with other healthcare team with structured station flow)
- confidence in preventive care (moving beyond diagnosis to practical prevention)

Community-based engagement is not merely an "extra activity"; it is a powerful learning space that prepares students for the realities of primary care; where trust, clarity and patient context determine outcomes as much as clinical knowledge.

The programme contributed to meaningful outcomes for both the public and the participating students, including:

- improved students' clinical communication and interpersonal skills
- stronger practical experience in health education and community engagement
- increased UPNM presence and contribution within the broader medical community
- strengthened collaboration networks between a private hospital environment and university training
- expanded potential for future UPNM–PCMC–FMSA joint programmes and public health initiatives

This collaboration provides a replicable model: structured stations, supervised student facilitation and a balance of screening + counselling + preventive messaging. In primary care medicine, prevention becomes effective when it is consistent, repeated across settings and embedded within supportive environments. Partnerships like this help in building its consistency.

CONCLUSION

UPNM's participation in World Diabetes Day 2025 at Prince Court Medical Centre was a meaningful collaboration that advanced diabetes awareness, strengthened medical student learning and expanded cross-sector partnerships i.e endocrinologists, cardiologists, nephrologist and other health care team members. UPNM remains committed to ongoing collaboration with PCMC and FMSA in future public health programmes, with the shared aim of improving diabetes prevention, early recognition and long-term well-being across the community.



Figure 6 : Dedication in the consultation



Figure 7 : Health Screening station



WORK SMARTER, CARE BETTER: GEMINI AI FOR MOH FAMILY MEDICINE SPECIALISTS

DR TEOH SEE WIE, DR ZAINAL FITRI BIN ZAKARIA
FMS DIGITAL LITERACY INTEREST GROUP

INTRODUCTION Family Medicine Specialists (FMS) manage diverse responsibilities spanning clinical care and administration. While Klinik Kesihatan (KK) teams provide valuable support, the workload is challenging. As of February 2025, MOH has integrated Gemini Advanced AI into its Google Workspace to assist with tasks, reports, and summarization. This user-friendly tool is accessible through existing MOH platforms, including mobile devices, making it easy for staff of all technical abilities to incorporate into their daily work. Here's how you can integrate it into your daily workflows.

GMAIL: SUMMARISE & DRAFT EMAILS

💡 FMS managing complex patient cases often coordinate care across multiple healthcare providers and organizations.
Gemini Advanced can streamline email communication workflows in the following ways:

- Summarises long email threads into key points for easy reference.
- Constructs structured email responses, ensuring the inclusion of all pertinent information.
- Translates emails between Bahasa Melayu & English to ensure clarity.

GOOGLE DOCS: BRAINSTORM, DRAFT & REFINE

💡 When tasked with writing an article for a newsletter, leveraging Google Docs in conjunction with Gemini Advanced can significantly enhance the writing process. Here's how:

- Brainstorm key points: Gemini can help create a list of key areas to cover (e.g., administrative support, clinical audits, data analysis).
- Draft the article: Gemini can generate an initial draft based on structured prompts.
- Refine and improve: Gemini can suggest better phrasing, summaries, and clarity enhancements while you edit and personalize the content.

😂 Yes, in fact this article was written by AI. But don't worry, humans have double checked the facts!!

GOOGLE MEET: SUMMARISE MEETINGS

FMS often attends meetings but is frequently interrupted by urgent patient consultations. Instead of missing key decisions, Gemini can assist by:

- Auto-transcribes meetings so you can catch up later.
- Highlights key decisions & follow-up tasks for quick review.
- Generate a concise minute for the meeting so you can stay updated without sitting through the entire discussion.

GOOGLE SHEETS: ANALYSE DATA

While reviewing audit or survey such as the "Klinik Rakan Ku" survey results, which include quantitative scores (e.g., facility and comfort ratings) and qualitative patient comments, you can streamline the process by asking Gemini to:

- Summarises patient satisfaction scores (e.g., average rating for facilities, comfort).
- Identifies recurring themes in patient comments (e.g., long waiting times, friendly staff).
- Auto-generate tables & visual charts for easy interpretation.

GOOGLE DRIVE: SUMMARISE LONG DOCUMENTS & UPDATES

Enhance your efficiency with Gemini by comparing documents like the American Diabetes Association's 2025 Diabetic guideline against the current MOH guidelines. Simply upload the ADA guidelines to Google Drive and allow Gemini to:

- Summarises lengthy international guidelines into key takeaways.
- Extracts critical updates from policy documents for immediate action.
- Generates a side-by-side comparison of ADA and MOH guidelines.

ADVANCED FEATURE: GEMINI GEM AS AI-POWERED AUDIT ASSISTANT

Let us consider a scenario where the FMS is reviewing hypertension cases for an audit to ensure compliance with both Ministry of Health and international guidelines. Instead of manually examining each case, Gemini Gem could be used by the FMS as an auditing assistant by:

- Uses both guidelines as a benchmark.
- Flags incomplete assessments or missing investigations (e.g., lipid profile not done).
- Generates an audit summary, reducing manual review time.

MOBILE ACCESS: QUICK ANSWERS ANYTIME

Let us consider another scenario where FMS conducts a home visit for a patient needing a morphine dose adjustment. The patient's pain is worsening despite regular oral morphine syrup. To efficiently convert the dose to fentanyl patches, instead of searching through references or consulting a specialist, FMS can ask Gemini for:

- Quickly retrieves MOH opioid conversion guidelines.
- Provides step-by-step dose calculations for switching from oral morphine to fentanyl.
- Suggests titration strategies to avoid overdose or withdrawal symptoms.

FINAL THOUGHT

As FMS, we are trained to adapt, problem-solve, and provide comprehensive care to our communities. Gemini Advanced isn't here to replace us—it's here to support us in doing what we do best. While embracing medical advances, we can adopt AI tools to reduce administrative burdens and spend more quality time with patients. At the end of the day, no technology can replace the role of a trusted family doctor—but it can certainly make our job easier.

27th FAMILY MEDICINE SCIENTIFIC CONFERENCE 2025

Back To Basics,
In Sync With Innovations

The 27th Family Medicine Scientific Conference (FMSC) 2025 was successfully held over the weekend. This year it attracted over 1,000 delegates nationwide. Kudos to our host this year FMSC KEDAH 2025 team and the Malaysian Family Medicine Specialists' Association Exco team for this great event.














27th FAMILY MEDICINE
SCIENTIFIC CONFERENCE
Back To Basics, In Sync With Innovations
27-30th August 2025
FMSA Malaysia
Kementerian Kesihatan Malaysia
Jabatan Kesihatan Negeri Kedah
Jabatan Kesihatan Negeri Pulau Pinang


27th FAMILY MEDICINE
SCIENTIFIC CONFERENCE
Back To Basics, In Sync With Innovations


THE MALAYSIAN FAMILY MEDICINE SPECIALISTS' ASSOCIATION (FMSA)
27TH FAMILY MEDICINE SCIENTIFIC CONFERENCE 2025
MEMBERSHIP PRIVILEGES
OBJECTIVES
SCAN ME!


SCAN me!
COOKBOOK TO EXCEL
FMSA MERCHANDISE PRICE LIST
NEW DROP!




PERSATUAN PAKAR-PAKAR PERUBATAN KELUARGA MALAYSIA
FMS
We Care
FMSA COUNCIL MEMBERS
2024 - 2026

1st ANNOUNCEMENT

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28th FAMILY MEDICINE SCIENTIFIC CONFERENCE 2026

Caring Through Change: The Evolving Role of Primary Care Professionals

KUANTAN

SAVE THE DATE



Sultan Ahmad Shah International Convention Centre, Kuantan, Pahang

Block your dates

Pre Conference: 4th September 2026

Conference: 5 - 7th September 2026

WEBSITE fmsconference.my

fmscpahang2026

@fmsc.pahang.2026

FMSA ACTIVITIES

THE FMS PODCAST

Brought to you by FMS We Care

Scan this QR Code to view FMSA MALAYSIA's YouTube page (our podcast episodes are uploaded here!)

Episode 5

The Digital Doorstep: Telehealth in Primary Care

Moderator: Dr. Tan Sing Yee
Panelists: Dr. Muhamad Irfan Yasin

Episode 5 explores telehealth in primary care with Dr. Muhamad Irfan Yasin and Dr. Tan Sing Yee, examining virtual consultations, apps, and AI in modern practice. We thank the Academy of Family Physicians of Malaysia for hosting and Dr. Wong Ping Foo for recording support. Podcast team for this podcast were Dr. Adam Firdaus Dahlan, Dr. Senk Chung and Dr. Pavitra.






Episode 6

"Nikotin, TikTok dan Dadah: Apa Kata Doktor Keluarga?"

Moderator: Dr Amirul
Panelists: Assoc. Prof Dr Nur Amani, Dr Hazlin

This episode examines e-cigarettes, vaping, and TikTok trends that normalize nicotine addiction among adolescents. Recorded for the first time at the newly renovated FMSA office, it features the FMSA President, Dr Hazlin. The discussion highlights how social media shapes youth behavior and explores the critical role of family doctors in early detection, brief intervention, counseling, and health education. Emphasis is placed on prevention, media literacy, and community-based strategies to safeguard young people's long-term health and wellbeing.



Episode 7

KANSER; ANDA TANYA, PAKAR PERUBATAN KELUARGA JAWAB!

Moderator: Dr Ain Sabrina
Panelists: Dr Amirul, Dr Suhazeli, Dr Karen

The FMSA podcast team successfully launched its inaugural live session during the 27th Family Medicine Scientific Conference in Pulau Pinang. The discussion focused on cancer, addressing causes, screening and common myths. All panelists, moderator, and camera crew were family medicine specialists, reflecting strong professional collaboration. The session was streamed live on the official Facebook and YouTube platforms of FMSA and Medical Mythbusters Malaysia. This milestone highlights the growing impact of family medicine in public education.



Episode 8

DIABETES DISTRESS – Bila Rawatan Jadi Beban”

Moderator: Dr Ain Sabrina
Panelists: Dr Sri Wahyu & Dr Peter Sathyanathan

In conjunction with World Diabetes Day, FMSA together with Medical Mythbusters Malaysia, hosted its first online live podcast on Diabetes Distress, highlighting mental health in diabetes care. Panelists Dr Sri Taher and Dr Peter Sathiyanathan shared expert insights. The session achieved 9.3k impressions and strong public engagement.





Episode 9

KESEDARAN AUTISME BERMULA DI RUMAH”

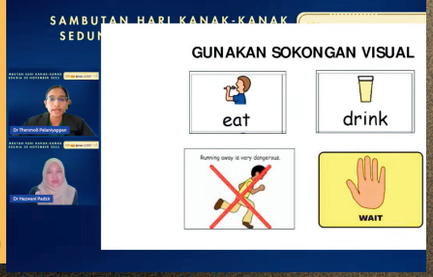
Opening Speech: Dato’ Dr Norsiah Ali
Moderator: Dr Hazwani Padzir
Panelists: Dr Nor Bizura Abd Hamid, Dr Nurul Akmanidar Zainuddin, Dr Thenmoli Palaniyappan, Ustaz Hariz Ibnu Ruslan

In conjunction with World Children’s Day 2025, the Family Health Development Division, Ministry of Health Malaysia, together with FMSA, successfully hosted the webinar “Autism Awareness Begins at Home,” streamed live on FMSA Facebook and YouTube. The session emphasized early recognition of autism, practical parental support at home, empathetic parenting and early intervention strategies for families. Opening remarks were delivered by Dato’ Dr Norsiah Ali, followed by an expert panel comprising public health and family medicine specialists, with moderation by a family medicine consultant.









Episode 10

“UBAT KURUS” Kemajuan Perubatan atau Jalan Pintas?

Moderator: Dr Amirul

Panelists: Dr Faridah & Dr Ariff Fahmi

In this special episode of The FMS Podcast, the panel examined the rising debate on weight loss medications in a balanced, evidence based and clinical manner. Dr Ariff presented the clinical role of pharmacotherapy in obesity management, including appropriate patient selection, safety and monitoring. Dr Faridah explored obesity from a broader perspective, addressing lifestyle factors and root causes. Moderated by Dr Amirul, the discussion distinguished evidence based treatment from “quick fix” products and considered whether medication serves as a long term solution or part of comprehensive obesity care. The session took place on 8 February 2026 at 2:30 pm.







The upcoming podcast addresses renewed attention surrounding tuberculosis, which has generated public concern and debate. Tuberculosis control is more complex than simplified narratives often presented online. Misconceptions lead to misplaced blame, delayed diagnosis, poor treatment adherence and ineffective prevention strategies. Effective control depends on accurate public understanding, early detection, strict adherence to therapy and coordinated public health action. The podcast team has developed additional topics and will continue organising sessions aligned with emerging clinical and public health priorities.



FMSA–IAFP–ICFM-PC REGIONAL ENGAGEMENT IN FAMILY MEDICINE

On 19 December 2025, the Malaysian Family Medicine Specialists' Association (FMSA) had the honour of receiving a courtesy visit from esteemed colleagues from Indonesia — the Indonesian Association of Family Physician (IAFP) and the Indonesian College of Family Medicine–Primary Care (ICFM-PC / Kolegium KKLP).

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The delegation was led by Dr Isti Fujiati, President of IAFP, and Dr Dhanasari, President of ICFM-PC. The meeting served as a valuable platform for professional dialogue and knowledge exchange aimed at strengthening Family Medicine and Primary Care in both Malaysia and Indonesia. Key areas discussed included reinforcing the role of Family Physicians within national healthcare systems, benchmarking best practices between countries, and exploring academic and professional collaborations. These potential collaborations encompass training programmes, educational initiatives, and capacity building efforts to further develop the discipline.

FMSA deeply values this regional engagement and looks forward to fostering sustained collaboration that advances Family Medicine and enhances primary care delivery across the region. We extend our sincere appreciation to our Indonesian colleagues for the insightful discussions and constructive exchange. Together, we strengthen primary care for better population health.









COURTESY VISIT TO THE DIRECTOR GENERAL OF HEALTH

On 11th July 2025, FMSA headed by President Dr Hazlin Talib paid a courtesy visit to the new Director General of Health Datuk Dr. Mahathar Abd Wahab at his office at Putrajaya. It has always been the tradition of FMSA to visit the top management of MOH, to exchange ideas, fostering close relationship, championing the rights of FMSA members. FMSA will continue to play a crucial role in the development and growth of family medicine in Malaysia.











WORLD FAMILY DOCTOR DAY (WFDD) FITCPR RUN

Today, the FMSA), together with our sister organization, the Academy of Family Physicians of Malaysia (AFPM), proudly organized the joint World Family Doctor Day (WFDD) FitCPR Run 2025 at the Medical Academies of Malaysia, Putrajaya. This momentous event was made possible through the support of our strategic partners, Klinik As-Salam, Salam EduMed, UKM and our all esteemed sponsors.

The event was held in conjunction with World Family Doctor Day, carrying the main theme of “Building Mental Resilience in a Changing World.” The run featured a subtheme of “Mind & Heart in Motion: Run, Breathe and Rescue!” and brought together 750 participants from all walks of life. This extraordinary effort earned a spot in the Malaysian Book of Records for Most Participants in a CPR-Themed Fun Run, with 572 participants officially recorded for the attempt.

YB Datuk Seri Dr Dzulkefly Ahmad, Minister of Health Malaysia (MOH), officiated the event, joined by YBrs Dr Ismuni Bohari (Deputy Director-General of Health (Public Health), YBhg Dato' Dr Hajjah Norsiah Ali (Director, Family Health Development Division, MOH), Dr Isriyanti Mohd Rafae (Immediate Past President, AFPM), Dr Nor Hazlin Talib (President, FMSA) and Dr Wong Ling Ying, Organizing Chairperson of the WFDD FitCPR Run 2025.

A special thanks to our well-known social media doctors, Dr Say Shazril, Dr Imelda Balchin, Dr Rafidah Abdullah, Dr Sakinah Sulong, and Prof Dr Nahar for being present and lending their support to our event. Lastly, a heartfelt thank you to every participant, partner, sponsor, volunteer and the entire community for making this historical day a reality. Together, we keep minds & hearts in motion for a healthier Malaysia!








KELUAR / EXIT
MEDB




WORLD
FAMILY DOCTOR




Thomson Hospital
Kota Damansara
AS-SALAM
CARTA ALIRAN
SARINGAN
KESIHATAN


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MEDICINE SPECIALISTS'
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Various BENEFITS
WELCOME
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FAMILY MEDIC
SPECIALISTS
ASSOCIATIO
(FMSA)
FMS
We Care

FMSA NEGERI SEMBILAN ROADSHOW

FMSA successfully kicked start its first roadshow for the year 2026 over last weekend at Negri Sembilan. The event attracted 56 participants. There were 4 invited speakers from various backgrounds including family medicine, psychiatry and internal medicine. We would like to thank our industry partners for the unwavering support.













FMSA SARAWAK ROADSHOW

FMSA roadshow was held today at Kuching, Sarawak. The event managed to attract many FMSs and medical officers around Kuching area,it was a great engagement with FMSA members alongside CME activities.



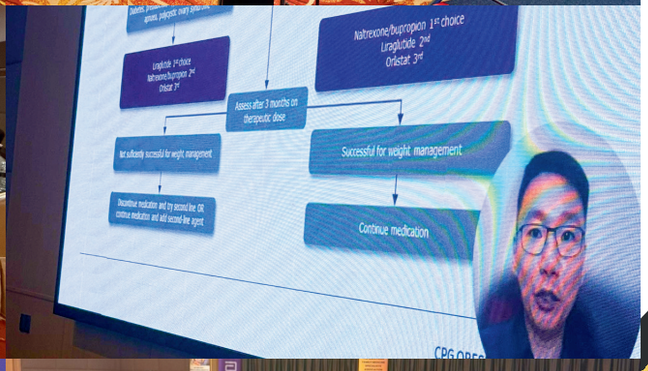
















FMSA JOHOR ROADSHOW

FMSA held its roadshow at Johor over last Saturday. CME topics relevant to primary care such as obesity, COPD, anaemia, addiction medicine, dyslipidemia & diabetic retinopathy were delivered by distinguished speakers in the field. The event attracted over 60 doctors that comprised of family medicine specialists, family medicine trainees and medical officers. Lastly, FMSA would like to thank our industry partners for the continuous support.











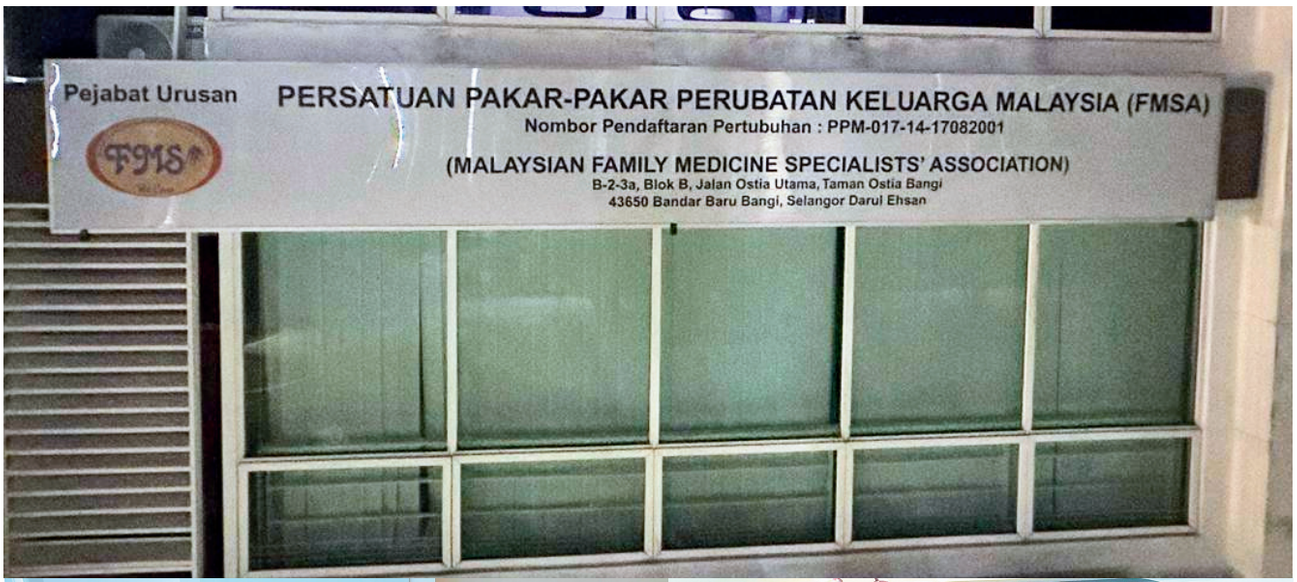
2025 FMSA PRIMARY CARE SPOTLIGHT: ESSENTIAL PRACTICAL INSIGHTS

TIME	TENTATIVE EVENT
8.00am	Registration
8.30am	Opening speech by FMS State Head (Dr Rohayah Abdullah)
8.40 am	Welcoming speech by FMSA President (Dr Nor Hazlin Talib)
8.45am	CME 1: Managing Anemia in Primary Care - How Well Are We Serving Malaysian? Speaker: Dr Sri Wahyu Binti Taher, Consultant Family Medicine Specialist KK Simpang Kuala, Kedah & Non Communicable Disease (NCD) in Primary Care Subspecialisation,
9.30am	COFFEE BREAK
10.00am	CME 2: The Vital Ally for Dyslipidemia & Diabetic Retinopathy Management Speaker: Dr Rohayah Abdullah, Deputy Head of Family Medicine Service KKM, Head of Johor FMS and Consultant Family Medicine Specialist Klinik Kesihatan Sultan Ismail, Johor Bahru
10.40am	CME 3: Relapse Prevention in Addiction Care: Clinical Strategies For Sustaining Abstinence Speaker: Dr Nor Hazlin Talib, Consultant Family Medicine Specialist KK Batu 9, Selangor & Addiction in Primary Care Subspecialisation, FMSA President
11.20am	Family Medicine Sub-Specialisation Training Sharing Session: Exploring the Benefits and Exciting Insights Speaker: Dr Nor Hazlin Talib, Consultant Family Medicine Specialist KK Batu 9, Selangor & Addiction in Primary Care Subspecialisation, FMSA President
11.50am	CME 4: Addressing Cravings, Tackling Obesity Speaker: Mr Mohammad Shukri Jahit, Consultant General and Upper Gastrointestinal Surgeon, National Cancer Institute
12.30pm	CME 5: Breaking down barriers to management of COPD in Primary care Speaker: Dr Salinah Binti Mohd Mudri, FMS Klinik Kesihatan Sultan Ismail, Johor Bahru Training in Non Communicable Disease (NCD) in Primary Care
1.10 pm	FMSC 2025 Kedah presentation by FMS Kedah
1.30pm	LUNCH & HOME BOUND

Abbott inova pharmaceuticals MENARINI group

A NEW CHAPTER AT FMSA NEW OFFICE

The Malaysian Family Medicine Specialists' Association (FMSA) has finally moved into our newly renovated office at Bangi, Selangor. The Exco members held the last meeting for the year 2025 in a hybrid fashion as some Exco members were away and abroad. President Dr Hazlin Talib chaired the meeting and many issues pertaining to the association and fraternity were discussed and new proposals were passed. We are looking forward to a wonderful year ahead together !









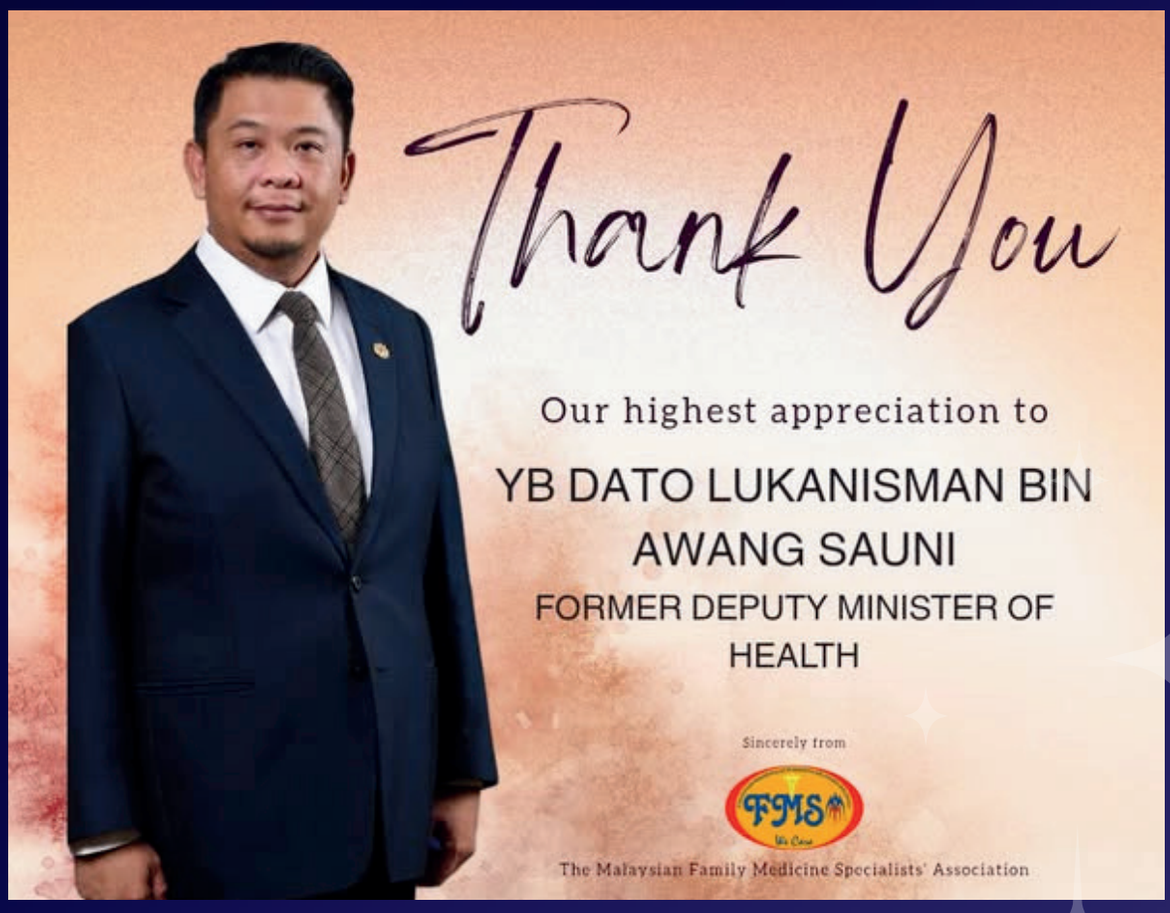


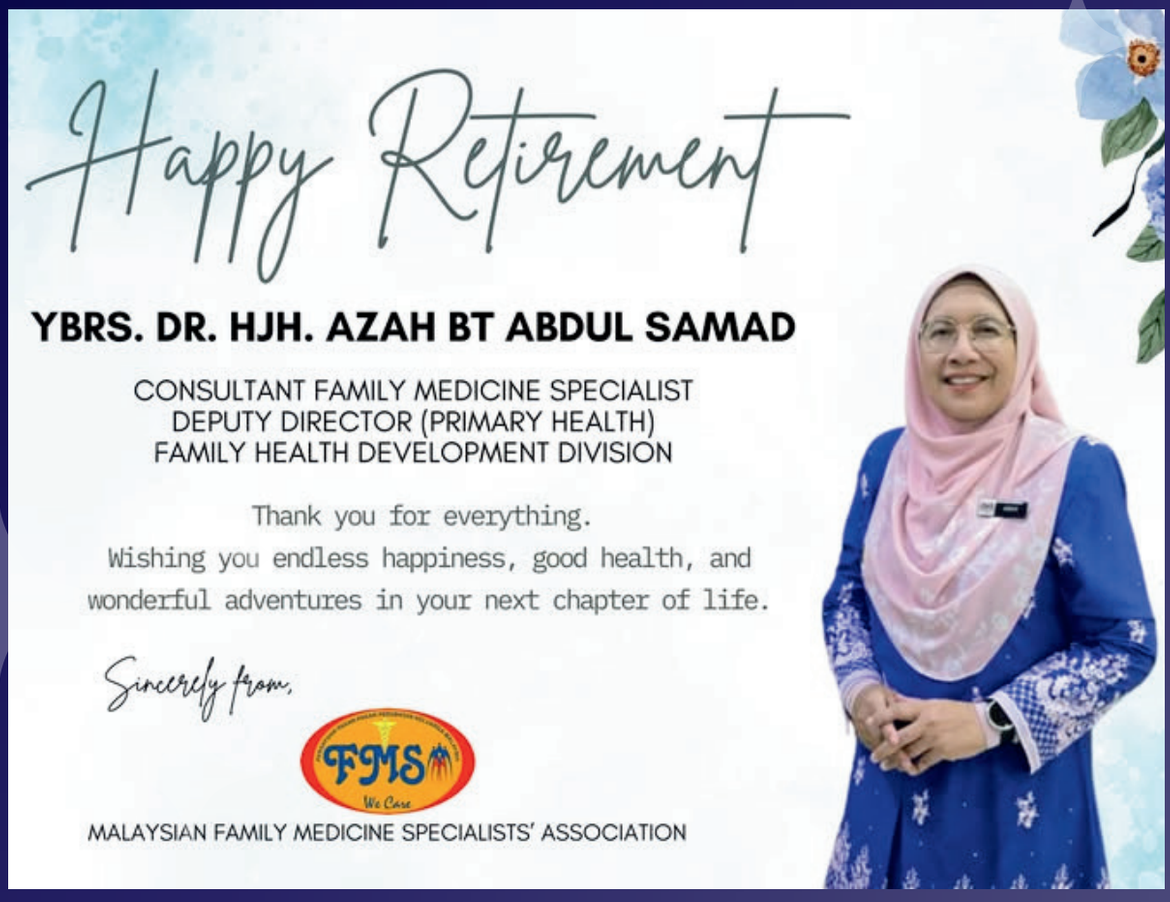
CONGRATULATIONS!





THANK YOU!


Thank You
Our highest appreciation to
YB DATO LUKANISMAN BIN AWANG SAUNI
FORMER DEPUTY MINISTER OF HEALTH
Sincerely from
FMS
We Care
The Malaysian Family Medicine Specialists' Association


Happy Retirement
YBRS. DR. HJH. AZAH BT ABDUL SAMAD
CONSULTANT FAMILY MEDICINE SPECIALIST
DEPUTY DIRECTOR (PRIMARY HEALTH)
FAMILY HEALTH DEVELOPMENT DIVISION
Thank you for everything.
Wishing you endless happiness, good health, and wonderful adventures in your next chapter of life.
Sincerely from,
FMS
We Care
MALAYSIAN FAMILY MEDICINE SPECIALISTS' ASSOCIATION

FMSA

Grants and Financial Assistance

TRAVEL GRANT

Total claimable sum of RM 3000 to present at overseas conference relevant to Family Medicine and Primary Care

PRIMER PROJECT GRANT

The allocation is RM3000 per year for every state for primary care improvement related activities and programme.

RESEARCH GRANT

The maximum total allocation is RM10,000 per year and the deadline for the application is 31st May.

SPECIAL GRANT

A total of RM1000 is allocated to present at the Family Medicine Scientific Conference (FMSC).

COMMUNITY PROJECT GRANT

The allocation is RM5000 per project that is claimable every 3 years.

STUDY TOUR GRANT

Study tour involving a group of Family Medicine Specialists to learn about primary healthcare system in other country.

LEARN MORE

Visit fms-malaysia.org

fms-malaysia.org FMSA.Malaysia

MEMBERSHIP PRIVILEGE

Other Benefits

CME & WORKSHOP

Invitation to attend CMEs and workshops organised by FMSA.

WELFARE BENEFIT*

Providing welfare support or aid to assist members in need.

CAREER PATHWAY

Advice and assistance will be available for members who wish to advance their career in a specific area of interest.

NETWORKING PLATFORM

Provides an extensive platform for networking and connecting Family Medicine Specialists across public-private sectors.

CO-AUTHOR & REVIEWER

Invitation to become co-authors or external reviewers for Clinical Practice Guidelines, books or articles published in the Malaysian Family Physician (MFP) journal.

PUBLICATION DISCOUNT

Discount on publication fee at MFP journal.

GLOBAL NETWORK

Exclusive WONCA benefits for FMSA members.

SPIRIT OF TOGETHERNESS

Represents the united voice of the Family Medicine fraternity in the country.

*Terms and conditions applied with pending approval by the committee.

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