



TRANSFORMATION IN PRIMARY CARE *charting the path forward*



DIGITALISATION OF PRIMARY CARE

NEW PROGRAMS IN PRIMARY CARE:

⊕ PREP ⊕ OSCA ⊕ DCOE ⊕ CHU

UPGRADED FACILITIES

BEYOND THE STETHOSCOPE:

"The journey ahead promises to be challenging, but with dedication and perseverance, I know I can unlock this remarkable language's true potential."

FMS SELANGOR NEWSLETTER

5TH EDITION, DECEMBER 2023

<https://fms-selangor.my>



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DATO' INDERA DR SHA'ARI NGADIMAN
SELANGOR STATE HEALTH DIRECTOR



Assalamualaikum WBT

I am truly honored to be allowed to give a few words in this edition of the Family Medicine Specialist Newsletter for 2023 with the theme “Transformation of Healthcare; Charting the Way Forward”. This publication serves as a testament to our commitment in advancing healthcare, promoting excellence in primary care, and caring for people in Selangor.

The vision of FMS Selangor in transforming healthcare through a digital lens is commendable; guided by the commitment to harnessing the power of technology to enhance patient care and outcomes. The aim of using digital solutions in our practice is to make healthcare more accessible, efficient, and patient-centered. The direction is focused on embracing telemedicine, electronic health records, and telehealth tools to ensure that patients can receive care whenever and wherever needed. The future of healthcare is intertwined with digital innovation, and we are dedicated to staying at the forefront of this transformation to provide the highest quality of medical services to the community. Healthcare transformation is a complex process that often takes considerable time. Patience and persistence are the key, as changes in healthcare can be gradual but ultimately lead to a better outcome.

Last but not least, I would like to congratulate FMS Selangor for their commitment in publishing the newsletter annually since 2019. This newsletter serves as a vital platform to update ongoing health-related issues, share scientific knowledge, and also as a means of communication among healthcare workers, not only in Selangor but throughout the nation.

Thank you.

OPENING REMARKS

DR. WAN NORAINI BINTI WAN MOHAMED NOOR
DEPUTY STATE HEALTH DIRECTOR (PUBLIC HEALTH)
SELANGOR STATE HEALTH DEPARTMENT



Assalamualaikum Warahmatullahi Wabarakatuh,

I am delighted today to have been given the opportunity to say a few words in the latest edition of FMS Selangor Newsletter for the year 2023, focusing on “Transformation of Primary Care: Charting the Way Forward.”

Our journey in primary care is evolving, and it’s an exciting time. Our healthcare landscape is undergoing a profound metamorphosis, and the role of digitalization cannot be overstated. Embracing technology is no longer a choice but a necessity. It enhances accessibility, improves patient outcomes, and optimizes healthcare processes. Our commitment to staying at the forefront of this transformation is essential in providing the best possible care for our community.

I would like to take this opportunity to extend my heartfelt congratulations to FMS Selangor. Your tireless work and unwavering dedication to fulfilling the healthcare needs of our region have most definitely not gone unnoticed. Your commitment to excellence in primary care has set a commendable example for healthcare professionals nationwide.

In conclusion, the theme of this year’s newsletter reflects our collective commitment to advancing healthcare. Let us embrace changes, celebrate our achievements, and continue to work together to further improve care in the best manner for our population.

As we continue on this transformation journey, I offer my sincere well wishes to FMS Selangor. May your endeavors in the field of primary care be met with continued success and innovation. Together, we will chart the way forward, ensuring that healthcare in Selangor reaches new heights of excellence.

Thank you for your dedication, and I look forward to witnessing the positive impact we will create in the coming years.

WELCOMING SPEECH



DR HO BEE KIAU
HEAD OF FAMILY MEDICINE SPECIALIST SELANGOR
CONSULTANT FAMILY MEDICINE SPECIALIST
KK BANDAR BOTANIK

It is with great pleasure and anticipation that I welcome you to the latest edition of FMS Selangor Newsletter, which is dedicated to the theme “Transformation in Primary Care: Charting the Way Forward.”

In the ever-evolving landscape of healthcare, our role as Family Medicine Specialists in Selangor is more crucial than ever. We find ourselves at a pivotal juncture, where the choices we make today will shape the future of primary care for our community. The theme of this newsletter underscores the imperative to adapt, innovate, and lead in the realm of primary care. It reflects our commitment to providing the highest quality healthcare services to our patients and communities. We recognize that transformation is not just a buzzword; it is a necessity.

Within the pages of this newsletter, you will find insightful articles, updates, and contributions from our members. These pieces reflect our collective knowledge, experience, and dedication to advancing primary care. From embracing digital health solutions to addressing the challenges of tomorrow, we are actively charting the way forward.

As Family Medicine Specialists in Selangor, we are not only healthcare practitioners; we are pioneers and advocates for change. Our unity, knowledge sharing, and collaborative efforts are the driving force behind the positive transformations we seek. I encourage you all to actively engage with the content, share your thoughts, and continue to be the catalysts for progress in our field. Together, we will navigate the exciting path ahead, ensuring that the future of primary care in Selangor is marked by excellence and compassion.

I would like to extend my heartfelt thanks to each member of the editorial board for their invaluable contributions. Your expertise, passion, and dedication have elevated our newsletter to new heights, and I am truly honored to work alongside such a talented group. Last but not least, thank you to all FMS Selangor for your unwavering commitment to our profession and the well-being of our community. I look forward to embarking on this transformative journey with every one of you.

Wishing you an enlightening and inspiring read.

FROM THE EDITOR'S DESK

Transformation in Primary Care: Charting the Path Forward

In the dynamic landscape of healthcare, the role of family physicians in primary care is undergoing a transformative shift. The integration of technology in primary care is no longer a choice but a necessity to chart the path forward for a stronger, more responsive healthcare system. Electronic medical records, telemedicine, digital applications and artificial intelligence are reshaping how we deliver care. Embracing technological advancements can lead to enhanced efficiency, improved patient outcomes, and ensure seamless collaboration among healthcare providers.

In this edition, we will highlight the latest upgrades of electronic medical records in healthcare clinics in the country via CMS (Clinic Management System) and review a homegrown digital app to assist in the clinical management of neonatal jaundice.

The Editorial Board is proud to present a new series of feature articles. 'Beyond the stethoscope' casts a spotlight on selected FMSes who excel in various fields outside of medicine. In keeping with the technological theme, this newsletter features expert coder Dr Teoh See Wie, the technical expertise behind the MyNNJ app, who details out his journey in 'Embarking on a Programming Odyssey'; Dr Nurul Nadia, who shares what it is like to explore the tops of the world in 'Walk The Earth' and Dr Mohd Hafidzudin who reminisces on his journey of self-discovery in 'A Runner's World'.

The complex nature of modern healthcare demands interdisciplinary engagement to provide comprehensive and holistic care that can optimize patient outcomes. In this issue, we highlight the new interprofessional collaboration practice to improve the quality of life of patients with chronic heart failure.

Prevention is at the heart of family medicine. Transforming primary care involves a heightened emphasis on preventive measures, wellness programs, and patient education. We take a closer look at the newest programs in primary care including PrEP in primary care, one stop centre for addiction, diabetic centre of excellence and also the custodial health program.

As we navigate this transformative journey, let us remain steadfast in our commitment to excellence in patient care. By embracing change, staying informed about emerging trends, and fostering collaboration, family physicians can lead the way in shaping the future of primary care.

DR SAMANTHA VERONICA TEH POH SUAN
FAMILY MEDICINE SPECIALIST
KK SEKSYEN 7, SHAH ALAM



DIALOGUE WITH NEWLY APPOINTED DEPUTY DIRECTOR OF HEALTH (PUBLIC HEALTH), SELANGOR: DR WAN NORAINI BINTI WAN MOHAMED NOOR



On the 26th of May 2023, we were honored to have a dialogue session with Dr Wan during our second FMS Selangor Technical Meeting. Dr. Wan started by introducing herself along with her career background. She was previously heading the Surveillance Sector, at MOH Malaysia before being transferred to her current post. She thanked us for allowing her to have this dialogue session with her during which she highlighted a few important primary care issues.

She expressed her gratitude to all FMS Selangor for all the perseverance and hard work. With that, Selangor became the highest contributor in the National Health Screening Initiative (NHSI). We were also encouraged to increase our Skim Peduli Sihat (PEKA B40) screening in health clinics, as there are financial incentive benefits for the clinics that come along with this program.

Dr Wan expressed her concerns regarding the difference in the usage of TPC-OCHIS between the outpatient (OPD) and the maternal child health (MCH) units. The gaps that occurred in the documentation at MCH could be one of the leading causes of maternal morbidity and mortality and therefore there is a need to look into ways of improving this. JKNS is currently studying a more user-friendly EMR system which is currently being piloted in Klinik Kesihatan Sg Chua and Klinik Kesihatan Bandar Botanik. On top of this, there is also a need for repeated training in clinical knowledge to ensure our staff are well trained.

Dr Wan emphasized the importance of empowering Pre-Pregnancy Care in addition to strengthening antenatal and postnatal care at the health clinics. There is a need to continue conducting clinical audits to ensure all maternal and child clients are optimally managed at all health clinics.

Dr Wan also brought up her concerns over the rising social issues of vaping and mental health issues among the adolescent population and suggested finding the best ways to reach out to these groups of the population to address these issues.

A discussion with our dental colleagues on ways to achieve the targets of dental health screening among our expectant mothers as this is an integral part of care for our antenatal mothers were suggested during the discussion.

Issues faced during the implementation of Special Task Force on Agency Reform (STAR) pilot project in KK Bandar Botanik, KK Ampang, and KK Taman Ehsan were discussed and a few suggestions were given to overcome and manage these issues.

The dialogue ended well with many fruitful suggestions. We were so grateful to have been given this great opportunity to have an open face-to-face discussion with our deputy director of public health in Selangor.

DIGITALISATION OF PRIMARY CARE: THE MYNNJ APP

The MyNNJ app was created to provide a quick and accurate reference for the management of neonatal jaundice. It was designed in keeping with the short consultations time in a daily busy clinic, and to facilitate the provision of optimal medical care according to the latest national clinical practice guidelines, thereby preventing serious complications of severe neonatal jaundice.



One can simply download the free app (available on both the App Store and Google Play store), inputs the relevant clinical information and clicks the 'CHECK' button, and the results, suggestions and nomograms will be auto-generated by the app.

The app was first piloted on 1st March 2022 among ten medical officers in Klinik Kesihatan Salak in Sepang district and was well-received. The app was thereafter officially launched, and its use was gradually expanded to all Klinik Kesihatan in Selangor in April 2022.

The app was awarded the Anugerah Khas at the national level Anugerah Inovasi Kementerian Kesihatan Malaysia (AIKKM) competition held on 26th September 2023.

Infant Birth Date & Time

Infant Gestational Age At Birth

<input type="checkbox"/> ≥ 38 weeks	<input type="checkbox"/> 37 - 37 weeks + 6 days	<input type="checkbox"/> < 37 weeks
--	---	---------------------------------------

Bilirubin Level Today

mg/dL $\mu\text{mol/L}$

Data & Time of Blood taking

Risk Factor

<input type="checkbox"/> No Risk Factor	<input type="checkbox"/> 1. Isoimmune Haemolytic, OR 2. G6PD deficiency, OR 3. Asphyxia, OR 4. Sepsis
---	--

Reset **Check**

↓ Result below ↓

Infant Age **24 Hours of Life**

Risk Category **Medium Risk**

Current Bilirubin Level **15.0mg/dL (256.0 $\mu\text{mol/L}$)**

Photo Level **7.0mg/dL (120 $\mu\text{mol/L}$)**

ET Level **17.0mg/dL (290 $\mu\text{mol/L}$)**

Bilirubin Nomogram

Suggestion (Clinical correlation is recommended)

1. Refer for phototherapy.

Reference: Integrated Plan for Detection & Management of Neonatal Jaundice (2nd Revision). Available from: <https://mpaeds.my/integrated-plan-for-detection-management-of-neonatal-jaundice>

Bilirubin Nomogram ($\mu\text{mol/L}$)

12 20 30 40 50 60 70 80 90 100 110 120

320 300 280 260 240 220 200 180 160 140 120 100 80 60 40 20 0

12 20 30 40 50 60 70 80 90 100 110 120 (Hours)

● Low Risk ● Low intermediate Risk ● High intermediate ● High Risk

Exit

Summary of 1st Visit

Infant Age **96 Hours of Life**

Risk Category **Low Risk + Extra Risk**

Current Bilirubin Level **15.0mg/dL (256.0 $\mu\text{mol/L}$)**

Photo Level **17.0mg/dL (290 $\mu\text{mol/L}$)**

ET Level **25.0mg/dL (428 $\mu\text{mol/L}$)**

Suggestion (Clinical correlation is recommended)

1. TCA tomorrow (06-11-2023)
2. Advice for adequate breastfeeding (at least 8-12 times every 24 hours).
3. Advice against traditional medication if breastfeeding.
4. Advice against putting the baby under the sun, as it can cause sunburn and dehydration.

If this is not the 1st visit, please redo the calculation by entering the previous TSB level

Reference: Integrated Plan for Detection & Management of Neonatal Jaundice (2nd Revision). Available from: <https://mpaeds.my/integrated-plan-for-detection-management-of-neonatal-jaundice>

User-friendly interface, example of results, suggestions and nomograms which can be auto-generated

The MyNNJ app was developed by a group of talented, like-minded family medicine specialists from Selangor, who set up MediFam Innovators in January 2022 with the aim of using technology to improve the management of neonatal jaundice in primary healthcare clinics in Malaysia. The members include:

- Dr Nik Mazlina Mohammad (head) - Klinik Kesihatan Kelana Jaya
- Dr Teoh See Wie (expert coder) - Klinik Kesihatan Salak
- Dr Salbiah Mohamed Isa - Klinik Kesihatan Bandar Botanik
- Dr Juliana Idora Abdul Jalal - Klinik Kesihatan Selayang Baru
- Dr Muhammad Jazmi Hamid - Klinik Kesihatan Teluk Datok

The app also received clinical input from a panel of experts, including:

- Dr Ang Ee Lee, Consultant Paediatrician and Neonatologist - HTAR
- Emeritus Professor Dr. Boo Nem Yun - UTAR
- Dr Chong Chooi Siang, Paediatrician - Hospital Tunku Azizah
- Dr Maurice Steve Utap, FMS - Klinik Kesihatan Tudan
- Dr Rizawati Ramli, Senior Lecturer and FMS - University of Malaya



MediFam Innovators hope that this app will benefit primary care providers in both private and public service across the nation, making the management of neonatal jaundice more efficient and streamlined in order to enhance quality of care.



Dr Juliana Idora
KK Selayang Baru

Dr Samantha Teh
KK Seksyen 7

Digitalisation of Primary Care: Clinic Management System (CMS)

Healthcare professionals, constantly busy with consultations and treatments, face tremendous pressure due to the increasing volume of documentation and record-keeping requirements and an escalating need for human resources to do these tasks.

Several challenges associated with the use of manual patient records in primary health clinics impede the effective delivery of care and are significant barriers to providing high-quality, efficient, and patient-centered care.

Clinic Management System (CMS) is designed to facilitate the management of a clinic's functions. It is used to manage patient data, appointments, doctor schedules, prescriptions, inventory management, and many more.

The digitalization of patient management in health clinics is a part of the initiative of our ex-YBMK, Dr. Zaliha binti Mustafa that sought to achieve the implementation of a Cloud-based Clinic Management System (CCMS) in fifty health clinics by 31/10/2023.

The general objectives of CMS are:

- To advance the digitalization of primary health services
- To deliver health services with quality
- To sustain and future-proof health governance at a minimal cost

The specific objectives are:

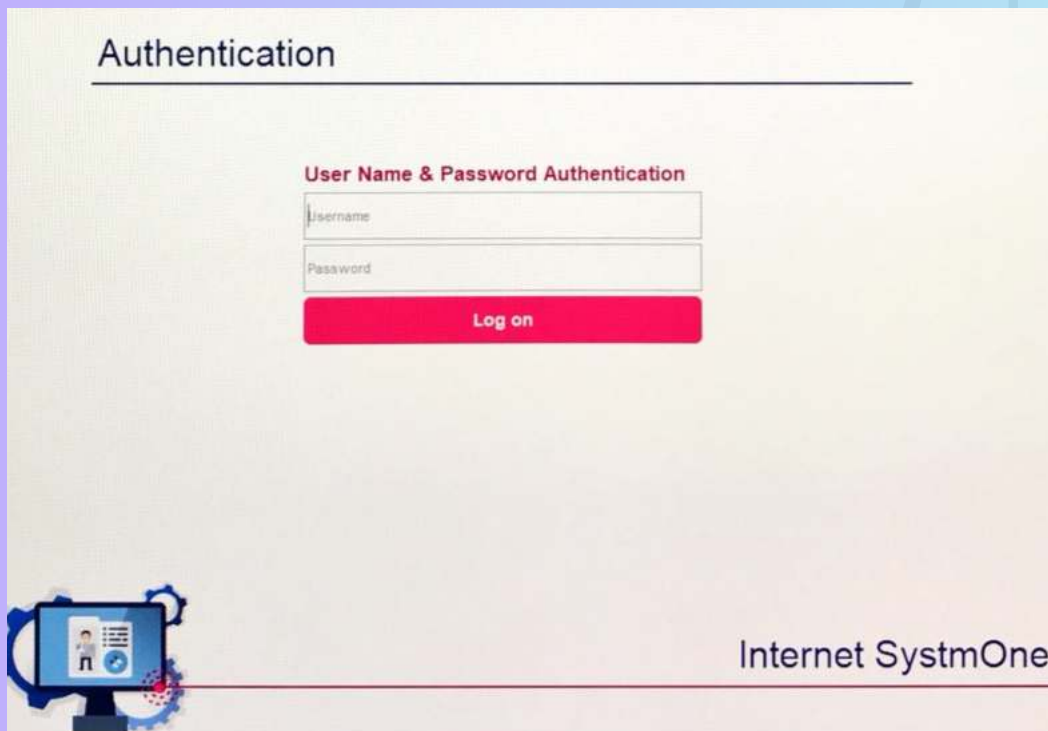
- To maximize staff numbers while focusing on holistic and comprehensive patient care.
- To achieve zero medical errors by enhancing data collection (reten)
- To increase accuracy and speed without burdening healthcare personnel

Before the recent CMS rollout, only 3.9% of primary healthcare clinics in Malaysia utilized electronic medical records (EMR) and were burdened by manual reporting. The existing 123 primary healthcare clinics that use electronic medical records utilize different systems such as:

- TPC-OHCIS (tele-primary care oral health clinic information system) - 102 clinics
- Advanced Clinical Management (ACM) - 20 clinics
- Fisicien – 1 clinic (Klinik Kesihatan Presint 9, Putrajaya)

However, the existing CMS is not without challenges, these include:

- Requires dedicated hardware infrastructure (servers, storage, networking equipment) with complex and costly maintenance
- High initial implementation cost
- Typically designed for a specific number of users. Additional hardware and software licenses may be required and scaling up can be time-consuming and may disrupt services
- Typically accessible only within the facility's network, thus has limited accessibility and capability for remote work.
- The current CMS only allows downloading raw data. Specific descriptive data needs to be analyzed manually, and reports are not automated



Authentication

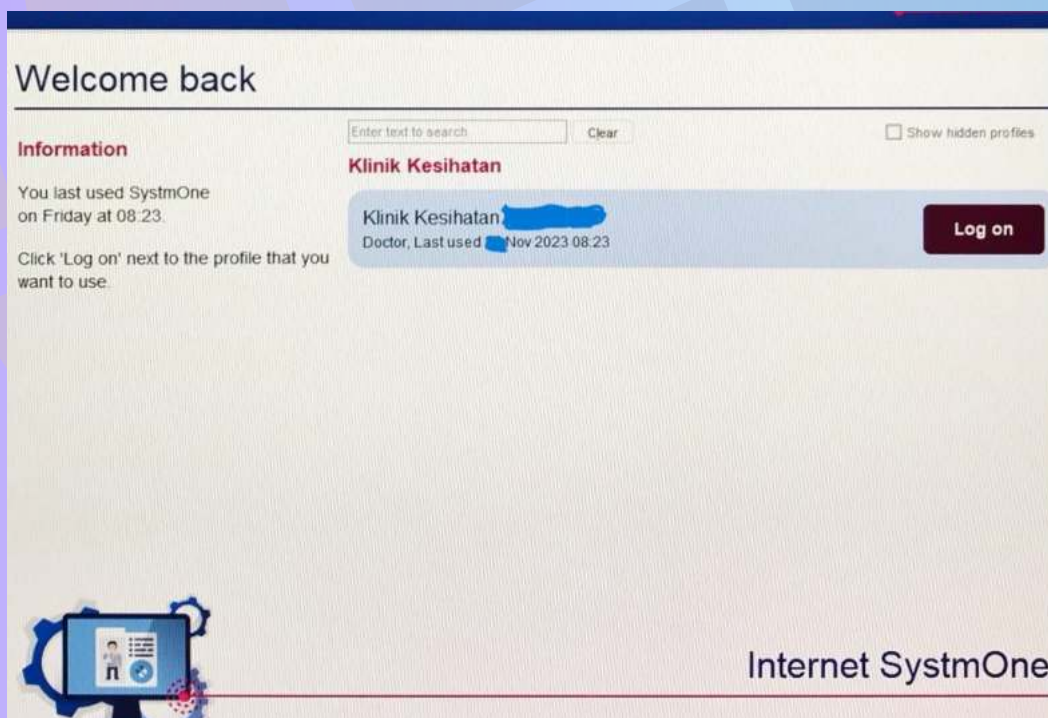
User Name & Password Authentication

Username

Password

Log on

Internet SystemOne



Welcome back

Enter text to search Clear Show hidden profiles

Information

You last used SystmOne on Friday at 08:23.

Click 'Log on' next to the profile that you want to use.

Klinik Kesehatan

Klinik Kesehatan
Doctor, Last used Nov 2023 08:23

Log on

Internet SystemOne

Thus, given the digitalization trend across various sectors and the need to expand EMR usage, an interim solution is crucial for the overall effectiveness of healthcare facilities. Bahagian Kesihatan Awam Digital (BKADi), spearheads the digitalization process. Among various options, a Cloud-based CMS (CCMS) was chosen for scalability, speed, low cost, and high impact. The selected CCMS is SystmOne, known for its cloud-based capability to address some of the aforementioned CMS challenges.

DAERAH	KLINIK KESIHATAN (KK)	TARIKH PEMASANGAN (DEPLOYMENT)
KLANG	KK KAPAR	23 - 25 OGOS 2023
GOMBAK	KK HULU KELANG	
SEPANG	KK CYBERJAYA	
HULU LANGAT	KK BANDAR TUN HUSSEIN ONN	29 OGOS - 1 SEPTEMBER 2023
GOMBAK	KK GOMBAK SETIA	
PETALING	KK SEKSYEN 19 SHAH ALAM	

Terbitan: Jabatan Kesihatan Negeri Selangor
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KK Sg. Chua in Hulu Langat district was the pioneer health clinic in Selangor to use SystemOne CCMS starting from 19th May 2023. This was followed by KK Bandar Botanik in Klang. This is done using existing infrastructure without any additional budget.

Several meetings, site visits and data sharing between BPKA, BKADi and JKNS as well as a few other representatives were conducted since June 2023. They studied the readiness of primary care facilities in order to deploy CCMS to infra-ready clinics. Data was collected via Google forms to ascertain information on clinic type, patient load, numbers of available computers or laptops, printers, availability of internet connections etc. After verification, Selangor has finally expanded CCMS usage to 6 other Kks starting from 23/8/2023:

Clinics involved were:

1. KK Kapar (Klang)
2. Seksyen 19 Shah Alam (Petaling)
3. KK Cyberjaya (Sepang)
4. KK Gombak Setia (Gombak)
5. KK Hulu Kelang (Gombak)
6. KK Bandar Tun Hussein Onn (Hulu Langat)

The BKADi team spent 3 days at each KK to assist with hands-on training sessions and to provide support when the system was deployed (ie Go Live).

The latest addition to this is KK Kota Damansara (Petaling) who started using CCMS on 25/10/2023. At the moment, CCMS is not yet integrated with other data networks like PHis, LIS, and X-ray systems, but efforts are being made from time to time to integrate these services with CCMS SystemOne.

Hopefully with this new technology, primary health care can deliver better service to our community in the future.

Dr. Hamidah Amin Abd. Latip
KK Kapar





Diabetic Centre of Excellence

14th November is World Diabetes Day. This disease unfortunately has become more prevalent in Malaysia, although Malaysia has taken many strides in reducing the burden. Diabetes mellitus remains a budding issue that cannot be suppressed. The family medicine specialist has taken a step forward in leading a diabetic center of excellence in the Klinik Kesihatan.

The health clinic that has been chosen as the pioneer for the Diabetic Centre of Excellence (DCOE) in Selangor is Klinik Kesihatan Puchong (October 2022) followed by Klinik Kesihatan Sungai Buloh (August 2023). The purpose of this center is to provide a holistic approach towards diabetic care with a team consisting of skilled healthcare professionals from multidisciplinary to provide expert and personalized treatment plans as every individual is different and to become a reference center for education and training purposes.

A framework through infrastructure strengthening and 6 main pillars include:-

1. Open door policy for every individual with diabetes
2. Communication for better individual care
3. Comprehensive care
4. Quality improvement
5. Outcome assessment
6. Education



The diabetic teaching corner

Strategy through 3 main domains of implementation:

1) Strengthening infrastructure and facilities that include providing facility equipment, a room with information technology plus medical equipment, laboratory tests and medication. A team consisting of a family physician, medical officer, diabetic educator, nurse, pharmacist, assistant medical officer, dietician, occupational therapist, physiotherapist, and psychologist to play their roles for better diabetic control.

2) Comprehensive clinical management of diabetes through a multidisciplinary approach by improving the patient flow management in the clinic, establishing a diabetes integrated care center (DICC) which is a counseling center consisting of diabetic educators, dieticians, pharmacists, and occupational therapists. For virtual consultation at patient's comfort in their home with blood glucose and medication monitoring to assist them with their diabetic control. Enhanced care services for certain patients with poorly diabetic control.

3) Creating a diabetes information center of excellence through education, competency training, and a diabetic resource center. Every healthcare personal is individually trained with an in-house module training to ensure their competency. Education on diabetes for the patient is done routinely either in the clinic or virtually and provides access to educational materials and technology-based tools that can track their diabetic control effectively. Health promotion activities and screening are done regularly to capture newly diagnosed diabetes. Fostering a community with NGOs and other support groups to support individuals with diabetes.

The hope and outcome of the Diabetic Center of Excellence is to achieve optimal diabetic control while empowering them regarding their health and to reduce the complications, morbidity, and mortality related to diabetes mellitus.



Teaching session done by the medical officers



Gait and stability assessment and exercises performed by the physiotherapist



Dietician teaching on optimal dietary intake



Assistant medical officer performing funduscopy



One Stop Centre for Addiction (OSCA)

One Stop Centre for Addiction (OSCA) came into existence in 2018, commencing with pilot initiatives that featured six Klinik Kesihatan (KK) representing various regions across Malaysia: central (KK Batu 9), southern (KK Masjid Tanah), east (KK Kuala Besut), northern (KK Butterworth) and West Malaysia (KK Menggatal, Sabah and KK Tudan, Miri, Sarawak).

The inception of OSCA was prompted by a growing incidence of addiction cases, encompassing substances such as amphetamine-type stimulants (ATS) and cannabis, which were not originally addressed by the initial methadone clinic program. Consequently, OSCA undertook the enhancement of our methadone clinics to address a broader spectrum of substance addiction issues.

In Selangor, there are two established OSCA clinic in Klinik Kesihatan - KK Batu 9, Hulu Langat and KK Seri Kembangan, Petaling.



Planter box and mural projects
KK Batu 9



Dr Hanisah binti Shafie
Klinik Kesihatan Seri Kembangan



KK Batu 9 stands out as a pioneering clinic, initially under the guidance of Dr Salmah, a Family Medicine Specialist with specialized training in addiction.

In 2020, following Dr Salmah's retirement, leadership of OSCA KK Batu 9 transitioned to Dr Hazlin, also a Family Medicine Specialist with additional training in addiction sub-specialisation.

OSCA provides a comprehensive array of services for addiction management, including detoxification/ assisted withdrawal treatment, methadone maintenance therapy, psychosocial interventions, and rehabilitation for a wide range of substance use disorders. Moreover, it functions as a one-stop center, encompassing screening for infectious diseases, non-communicable diseases, mental health issues, and tuberculosis.

OSCA also offers intervention and treatment for co-occurring conditions like HIV/ Hepatitis C and mental health conditions, addressing the needs of both dual and triple-diagnosis patients.



**Tadarus Al-Quran and Iftar Ramadhan
KK Batu 9**

Dr Hanisah binti Shafie
Klinik Kesihatan Seri Kembangan

OSCA operates with a dedicated and proficient team trained in addiction management. This team comprises a Family Medicine Specialist (FMS), medical officers, paramedics, counsellor, social workers, and occupational therapists, all well-trained in addiction care.

OSCA collaborates closely with non-governmental organisations (NGOs) and private residential rehabilitation centers, such as Rumah Sahabat, fostering a symbiotic relationship and seamless cooperation.

In 2023, OSCA KK Batu 9 served a total of 329 patients, with 34% of them receiving methadone treatment and 66% being non-methadone clients. This remarkable patient profile has elevated the centre’s standing, making it a sought-after destination for individuals seeking training and attachment opportunities.



Group CBT with FMS



Dr Hanisah binti Shafie
Klinik Kesihatan Seri Kembangan



OSCA in KK Seri Kembangan (KKSK) has started to develop its service since mid-2021. KKSK is already a clinic providing methadone replacement therapy and also the sentinel clinic for alcohol use disorder screening and management for the Petaling district. Therefore, becoming an OSCA clinic was a good move to allow access to a wider range of addictions for the population in Petaling. KKSK was officially selected by the Selangor State Health Department to be the OSCA clinic in early 2023.

KKSK uses KK Batu 9 as the model of reference in conducting programs and utilizing the budget given by the state. At the moment, there are 165 patients under the OSCA clinic in KKSK, with 45 active patients taking methadone replacement therapy, 48 patients with alcohol issues, 70 with smoking issues, and the rest with amphetamine-type stimulants and kratom addiction.

It is hoped that this service will be expanded and become available in all health clinics in Selangor to provide better access to addiction management services in the future.



**OSCA Clinic activities
KK Seri Kembangan**

**Dr Hanisah binti Shafie
Klinik Kesihatan Seri Kembangan**





PrEP Programme in Primary Care

With the change of HIV epidemic landscape throughout the world, the strategies to end HIV transmissions shifted gear. Focus now moves towards a different approach via the introduction of Pre-Exposure Prophylaxis (PrEP). This is a prevention strategy in which a HIV-negative individual at high risk takes a medication regularly or around at-risk events to prevent HIV infection, alongside continuous behavioural risk-reduction strategies.

In February 2022, FDA has approved few drugs for PrEP including the widely known TDF/FTC combination drug or Tenofovir DF/Emtricitabine in full. Many studies have shown that HIV transmission can be reduced up to 99% if this drug is taken daily by serodiscordant MSM population. The risk reduction was more modest, 75% among heterosexual partners and 74% in people who inject drugs (PWID).

The PrEP Programme in Klinik Kesihatan (KK) was introduced in January this year, backed by Global Fund. At the birth of the programme, 18 KKs nationwide were involved. The pioneer KK in Selangor was KK Ampang which started their PrEP service on January 4th. To date, KK Ampang has achieved a great milestone by prescribing PrEP to 420 eligible clients.



Infectious Disease (ID) Team, KK Ampang & PKD Hulu Langat
with the visiting team from Global Fund



ID Team, KK Ampang

This holistic programme includes a comprehensive medical assessment which consist of a pre-PrEP standardised questionnaire and baseline infective screening, risk-reduction and adherence counselling, eligibility evaluation, medication dispensing and subsequent follow-ups.

Following suit, two other Kks in Selangor (KK Kelana Jaya & KK Pandamaran) have kick-started their PrEP programme in June 2023.



ID Team, KK Kelana Jaya



ID Team, KK Pandamaran

The recruitment of 110 patients by KK Kelana Jaya and 79 clients in KK Pandamaran suggests positive engagement and acceptance of PrEP within the community. This success is significant not only for the individuals benefitting from PrEP but also for the broader public health efforts in reducing HIV incidence.

Dr Dalyana Hamid
KKAU2



Custodial Health unit (CHU) KK Sek 7 Shah Alam, Petaling, Selangor

The Custodial Health Unit (CHU) was established through a mutual agreement between the Bahagian Pembangunan Kesihatan Keluarga (BPKK), Polis Di Raja Malaysia (PDRM), and the Human Rights Commission of Malaysia (SUHAKAM) to screen the medical fitness level of detainees (OKT) in lockups. In 2021, the official guideline was released to smoothen the process.



To date, only these five clinics run this dedicated service attached to their respective lockup;

- KK Bayan Baru (Lokap Bayan Baru, Penang)
- KK Indera Mahkota (Lokap Indera Mahkota, Pahang)
- KK Luyang (Lokap Kepayan, Kota Kinabalu, Sabah)
- KK Jinjang (Lokap Jinjang, Wilayah Persekutuan Kuala Lumpur)
- **KK Sek 7 Shah Alam (Lokap Berpusat Shah Alam, Selangor)**



The route in establishing CHU for KK Sek 7 Shah Alam began in December 2021 and continued through February 2023. The team went through several training courses, including a visit to the CHU in Jinjang lockup before its official start in March 2023. The team consists of one medical officer, one medical assistant, and one nurse. The CHU for KK Sek 7 is scheduled to visit the Shah Alam central lockup every Monday and Thursday.

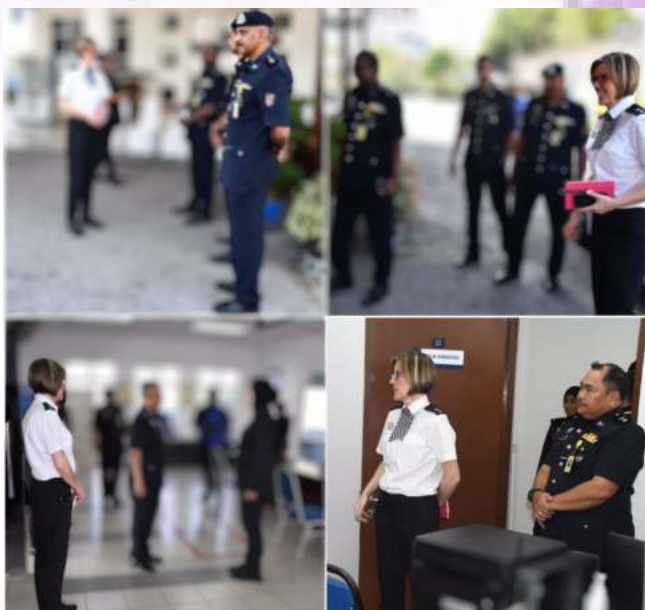
Based on the guidelines, our task is to examine all the OKTs as soon as possible when they enter the lockup to ensure they are stable enough to be detained. OKTs with any chronic illnesses or acute symptoms are given appropriate treatment.



DR. MOHD KHAIRI
KK SEKSYEN 7 SHAH ALAM



Custodial Health unit (CHU) KK Sek 7 Shah Alam, Petaling, Selangor



CHU KK Sek 7 Shah Alam has achieved many things since its inception.

- Presented the flow and work task of CHU KK Sek 7 to Chief Superintendent Emma Taylor, Head of Strategic Demand Management Greater Manchester Police, United Kingdom during her visit on 8th March 2023



- Establishing TPC OHCIS in CHU treatment room, making it the first setting outside any KKM facilities using TPC OHCIS.

DR. MOHD KHAIRI
KK SEKSYEN 7 SHAH ALAM



STAR Pilot Project

By Dr Salbiah Mohamed Isa
KK Bandar Botanic

Extended Operating Hours

The Ministry of Health, Malaysia is conducting a pilot project that involves Hospital Tengku Ampuan Rahimah (HTAR) and Klinik Kesihatan Bandar Botanic (KKBB) in Klang, Selangor, that commenced on 25th March 2023. Approval for this initiative was granted by the Special Task Force to Reform the Public Sector (STAR), chaired by Chief Secretary to the Government (KSN) YBhg. Tan Sri Dato' Seri Mohd Zuki Ali. This project involves KKBB extending its operational hours until 9.30pm every day, including weekends and public holidays.



Enhancing Acute Care: A Forward-Thinking Initiative

The primary objective of this project is to reduce the congestion in hospital emergency by accommodating green zone patients presenting with mild symptoms and non-emergency cases to seek care at KKBB, rather than crowding the emergency department in the hospital. This strategic move aims to streamline patient flow, enabling doctors and healthcare workers to promptly provide immediate care and prioritising critical cases at the emergency department.



STAR Pilot Project



STAR Project: Phase 2

In phase 2, the STAR pilot project has expanded to another five health clinics in several districts in Malaysia, i.e., Gombak, Hulu Langat, Ipoh, Johor Bahru, and Kuala Lumpur, starting in early June 2023. Two health clinics in Selangor, namely Klinik Kesihatan Ampang (KKA) in Hulu Langat and Klinik Kesihatan Taman Ehsan (KKTE) in Gombak, have been selected for inclusion in this expansion. The overarching goal is to alleviate the strain on neighboring hospitals' emergency departments, specifically Hospital Ampang and Hospital Selayang, by redirecting non-emergency cases to these designated health clinics.



KK Ampang



Hosp Ampang



KKTmn Ehsan



Hosp Selayang

ISSUES & CHALLENGES

Extending operating hours at a primary care facility can have positive and challenging impacts. On the positive side, extended hours can increase patient access to care, reduce unnecessary emergency room visits, provide the working population with preventative care opportunities and convenience, and improve patient satisfaction. Without access to a healthcare facility, people who are ailing often head to the nearest emergency room, and this adds longer waiting time for critical patients who need immediate care.

The challenges, especially for clinics grappling with limited resources, encompass staffing difficulties, an inflated workload, concerns about the quality of care, infrastructure limitations, and financial strain. We encountered these issues and challenges after nearly eight months at KKBB and six months at KKA and KKTE while implementing extended hours.

A primary challenge emerged in human resources, affecting all staffing levels, including medical officers, paramedics, and supporting staff. Operating in two shifts—8:00 AM to 5:00 PM and 12:30 PM to 9:30 PM—on weekdays posed a significant demand. While on weekends and public holidays, the shift is split between 9.00 AM till 3.00 PM and 3.00 PM till 9.30 PM. This scheduling arrangement presented a complex scenario that required careful management of staffing resources to maintain the quality of patient care.



Addressing staffing challenges has been imperative for the management team, necessitating the recruitment of additional personnel or adjustments to schedules to ensure sufficient coverage during extended operating hours. One of the primary issues was recruiting personnel for the expanded operating hours. Although we initially started with 32-40 medical officers, this number has dwindled to 20-32 due to factors such as the permanent placement of contract doctors, resignations, and transfers. Despite the approval of additional staffing positions for medical officers in September 2023, these positions have remained unfilled until now.

ISSUES & CHALLENGES

a. Human Resource Management (Cont')

The shortage extended to paramedics and supporting staff for both shifts, leading to the need for overtime (OT) work to maintain smooth service operations and accommodate the increasing number of clients. Encountering difficulty securing willing participants for extended operating hours, even with the stipulated payment rates, was an additional challenge.

Efforts to mitigate these challenges included mobilizing staff from the entire district, significantly alleviating burdens at specific points. The commitment and support from the district health office and all health clinics within their respective districts were crucial for the success and sustainability of the extended operating hours. Without such collaboration, sustaining this initiative could prove challenging and risk potential setbacks.

b. Work-Life Balance

The introduction of an additional work schedule has undoubtedly impacted the work-life balance of the healthcare workers, raising concerns about their overall well-being. The implementation of 12-hour shifts, at times, has resulted in fatigue and raised the potential for burnout among the staff. Maintaining a healthy work-life balance is a priority, and the prolonged shifts underscore the need for careful consideration of the impact on the physical and mental well-being of our dedicated team. Efforts to address these concerns and find solutions that support our staff's overall health and work satisfaction are of utmost importance.

c. Employee Morale

The demanding schedule and heightened workload have adversely affected employee morale. The sense of being overworked has permeated among staff members, resulting in a noticeable decline in motivation and job satisfaction. It is evident that the current circumstances necessitate a careful re-evaluation of workload distribution and employee support mechanisms to enhance overall morale and job contentment.

d. Quality of Care Concerns

The strain on human resources has the potential to contribute to burnout among physicians and staff, consequently negatively impacting the quality of patient care. This, in turn, may result in longer waiting times and increased stress among the staff, all of which pose significant risks to the clinic's reputation. It is crucial to address these challenges promptly and implement strategies to mitigate burnout, improve work conditions, and safeguard the well-being of the staff and the clinic's standing within the community.



e. Overtime and Compensation

Compensating staff for overtime work emerged as a substantial financial challenge. The daily operational costs of the facility, inclusive of additional shift differentials and benefits, exerted strain on the project's budget over the long run. Additionally, the decision to open the X-ray service on weekends is under scrutiny, as recent reports indicate that less than 3 percent of patients per day necessitate this service. This prompts a re-evaluation of the service's necessity in the weekend schedule to optimize resource allocation and financial sustainability.



In summary, the impact of extended operating hours at a primary care clinic with limited resources is contingent on the specific context and the effectiveness of strategies employed to address challenges. Ongoing public health awareness, coupled with efficient communication strategies differentiating between emergency and non-emergency visits, has provided a foundational understanding to the public. However, the reinforcement of this awareness remains crucial.

The STAR pilot project stands as a beneficial option for clients, particularly those who require assistance after office hours and individuals facing financial constraints, given the nominal fee of RM1 for the service. Regular assessments and adjustments to policies and procedures are essential to optimize the advantages of extended operating hours while mitigating potential drawbacks.

Investing in the well-being and professional development of staff, along with a fair redistribution and deployment of healthcare workers to these facilities, is pivotal. This approach not only contributes to the success of the project in enhancing efficiency and decongesting emergency departments but also ensures that health clinic staff are not overburdened, translating to more successful and efficient service delivery to the public.

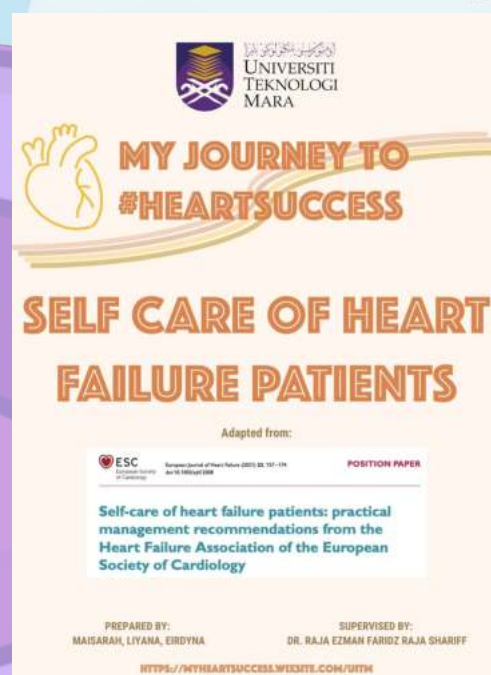
Interprofessional collaboration practice to improve the quality of life of patients with chronic heart failure.

In our pursuit of providing the best possible care, healthcare professionals are increasingly embracing the power of teamwork. Through collaborative efforts, we are not just treating conditions; we are transforming lives and reshaping the future of healthcare.

Malaysia has the highest prevalence of heart failure in Southeast Asia, with 721 cases in 100,000 population in 2017, a 7.7% rise from 1990, with most being diagnosed late after hospital admission as a result of decompensation and complications. Managing chronic heart failure in primary care clinics faces various challenges. Limited resources, such as the availability of point-of-care natriuretic peptide testing, newer drugs, and skilled personnel to conduct echocardiography, hinder comprehensive care. Patient education and adherence to treatment plans are challenging due to socioeconomic factors.

In response to the challenges faced in managing chronic heart failure in primary care clinics, proactive steps have been taken. Family medicine specialists and cardiologists have come together in the first collaborative meeting on 26 July 2023 to brainstorm and strategize for the future. Districts such as Petaling, Gombak, Kuala Selangor, and Hulu Selangor were involved. Experts from both fields engage in extensive discussions, sharing knowledge and experiences to develop effective teamwork strategies in managing heart failure within primary care settings.

Self-care guide has been developed to be distributed to individuals diagnosed with heart failure accessible via <https://myheartsuccess.wixsite.com/uitm>).



By leveraging the expertise of cardiologists, these initiatives enhance the understanding of the complexities involved in heart failure management and comprehensive approaches to patient care. A comprehensive clerking template has been designed to support primary care doctors in the management of heart failure.



The referral process for echocardiography was streamlined, and the use of point-of-care natriuretic peptide was introduced. Additionally, a patient self-care guide has been developed, intended to be distributed to individuals diagnosed with heart failure.



The long-term care of patients suffering from chronic heart failure demands a nuanced approach, addressing the intricate interplay of medical, psychosocial, and behavioral factors. This complexity highlights the necessity for a multidisciplinary primary care team, operating within the broader framework of an integrated chronic disease management program.



Family Medicine Specialists emerge as pivotal change agents in this scenario.

By assuming leadership roles and actively participating in system redesign, starting at the grassroots level, they can orchestrate multidisciplinary primary care teams. Through their strategic coordination, these teams ensure seamless continuity and enhance the quality of care for patients grappling with chronic conditions like chronic heart failure.

Dr Koh Wen Ming
KK Rawang



Dr Nurul Nadia bt Baharum
KK Bukit Cherakah



Klang Valley Ambulance Services (KVAS) : Issues & Challenges

- The seamless transfer of patients from health clinics to hospitals is a vital link in the chain of healthcare delivery, and it plays a pivotal role in saving lives and improving patient outcomes. Ambulance services play a crucial role in transporting patients from health clinics to hospitals when the need arises. This process ensures that patients receive timely and appropriate medical care.

On the 8th of November 2022, a pilot project on ambulance services was launched; involving selected government health clinics in Selangor, Wilayah Persekutuan Kuala Lumpur and Putrajaya. Through this project, ambulances from selected hospitals and clinics are centrally coordinated under the Institut Kebangsaan Perkhidmatan Rawatan Pra Hospital dan Perubatan Bencana.



There are a total of 18 health clinics in Selangor from the districts of Petaling, Klang, Gombak and Hulu Langat that are currently involved in the KVAS project.

Selected clinics under KVAS use a Google form to submit ambulance requests, which are then compiled in a centralized database. Based on the clinical judgement of the care providers, cases are categorized into priority 1 (P1) or non-priority 1. Ambulances are then dispatched according to the priority of the case.

Between January and August 2023, the number of KVAS requests has increased from 597 to 2732, with the majority being Priority 1 (P1) cases.


TYPE OF CASES	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
ALL	597	1201	1592	1423	1846	1836	2526	2732
P1	423	897	1283	1160	1534	1424	1508	1557
% of P1 cases	70.9	74.7	80.6	81.5	83.1	77.6	59.7	57

Table shows the total number of cases responded by KVAS team & the percentage of priority 1 (P1) cases

Meeting the response time for priority cases poses a challenge in implementing KVAS. From January 1 till August 2023, the percentage of priority 1 cases responded to within 30 minutes fluctuates between 24% and 67%. This is due to an insufficient number of functioning ambulances to cover a vast geographical area. The delay in patient transfers is not only harmful to patients but also impacts staffing levels in health clinics. When patients wait longer for ambulance transfers, it necessitates extended monitoring time at the clinic level, leading to increased staff shortages for providing other services.

Regular, timely maintenance of ambulances is vital in ensuring the continuity of services and minimizing service disruption. Catching up on vehicle procurement is challenging; thus, a solution to bridge the gap needs to be expedited.





In addition to focusing on response time, KVAS aims to deliver top-quality pre-hospital care. This requires trained personnel and sufficient medical equipment equivalent to a Type B service-level ambulance. Type B ambulance should be equipped with essential trauma gear and medical equipment that supports manual defibrillation and cardioversion. There is still much to do to upgrade the current ambulance fleet under KVAS to meet the requirement of a Type B ambulance.

Enhancing medical governance involves centralizing the administration of ambulance services to improve overall management. This approach enables healthcare facilities and service providers to concentrate on their specific roles, with clinics focusing on gatekeeping and primary healthcare, ambulance services serving as primary responders, and hospitals dedicating their efforts to delivering optimal secondary/ tertiary care.

In summary, by enhancing medical governance and allocating resources more effectively, it is anticipated that ambulance services will improve, facilitating the delivery of high-quality patient care.



ACKNOWLEDGEMENT

Special thanks to Dr Sarah Sheikh Abd Karim,
Head of Klang Valley Ambulance Services Unit
for the data and her invaluable input

Dr. Ozdalifah Omar
KK Rantau Panjang, Klang



Unlocking leadership potential: A journey through our leadership course

Family medicine specialists are synonymous with a holistic approach to patient care and clinical governance. Being an FMS, clinical and administrative work is undeniably important. Managing the clinic, staff, and organisation and networking with the district and state officers, tertiary care counterparts, and NGOs are part of our clinical governance. Hence, it is crucial to have good leadership skills as a foundation to be an all-rounder and respectable FMS.

Understanding the ultimate role of a family physician as a leader, FMSes from the Gombak District were appointed to organize a leadership course under the Selangor Family Medicine Specialist Association. We invited speakers from the National Institute of Public Administration (INTAN) as experts in conducting training for public officers' attitude development, skills strengthening, and knowledge enhancement. We also collaborated with the Family Medicine Specialist Association (FMSA) and healthcare industries such as Boehringer Ingelheim, Selangkah, and Delfi.

The event was held in Armada Hotel, Petaling Jaya, on the 7th of July 2023. The whole-day event started with a medical-related talk, followed by talks from INTAN speakers and group activities in the afternoon. The topic on personality plus was an eye-opener to all, as it suggested ways to understand our personality and approach colleagues, higher executives, and staff with different personalities.



In the ever-evolving landscape of healthcare, leadership skills served as a crucial stepping stone towards equipping us with the leadership prowess necessary to excel in our multifaceted roles. With insights from experts at INTAN, collaborative efforts with key organisations, and the engagement of dedicated speakers, the event was a resounding success.





As we reflect on this invaluable experience, it is clear that this leadership course should not be a one-time affair. Instead, it should become a yearly tradition, evolving to encompass different aspects and components of leadership skills. It is our commitment to continuously strive for excellence in leadership, as it is only through such dedication that we can fulfill our role as Family Medicine Specialists, offering holistic care and ensuring the well-being of our patients and communities.

By investing in our leadership development, we not only enhance our professional capabilities but also strengthen the foundation of healthcare delivery in Selangor. We invite all our colleagues in the field to join us on this transformative journey and unlock their full leadership potential. Together, we can make a lasting impact on the future of family medicine and clinical governance.



Dr Siti Khamsiah Abd Shukor
Klinik Kesihatan Batu Arang

TRAINING MODULES



Our training modules are available at this site : <https://fms-selangor.my>

With the rapidly evolving landscape of education, the need for innovative teaching modules is more pronounced than ever before as classrooms shift from traditional methods to interactive and engaging approaches.



Starting in 2022, a team of specialists and experts stepped up to the challenge. This collaborative journey was led by a dedicated team of specialists who came together to develop a modern teaching module, harnessing their collective expertise to create a dynamic and practical learning experience.

The training modules were designed with careful and detailed insights, drawing upon clinical and non-clinical management of cases in the primary care settings, focusing on strengthening and enhancing patient management knowledge among the medical officers (MOs). The aim of these training modules is to deliver high-quality patient care. At the end of the training, the assessment was done, and it showed an outstandingly high passing rate among the MOs.





With that success, our dedicated team, comprising of new team members, was motivated to continue enhancing and empowering the MO's knowledge. Hence, with compounding effort, the new team relentlessly worked on the following two training module blocks with various topics covering commonly presented cases in primary care.

Other topics presented in the upcoming two blocks are common respiratory topics, such as bronchial asthma and COPD. With the help of our colleagues, who are enriched with subspecialty knowledge, addiction topics were added to this block.

Not forgetting the importance of adding pediatric-themed topics, in this coming block, we added topics on failure to thrive, skin rash in children, and Autism spectrum disorder.

In summary, the purpose of developing a good teaching module for medical officers is to support their ongoing education, enhance their clinical skills, and ultimately improve patient care as it serves as a vital tool in the professional development and lifelong learning journey, ensuring they remain competent and up to date in a rapidly changing healthcare environment.



Among the topics tastefully picked are VTE in pregnancy and puerperium and psychiatric topics covering major depressive disorders and anxiety disorders, considering the fact these are the common medical problems presenting to primary care and, therefore, its utmost importance for medical officers to be able to diagnose and manage appropriately.



DR. SHARMILEE RAMANATHAN
KK PUCHONG BATU 14

Empowering Healthcare Professionals: The Diabetes Lifestyle Programme (DLP)

The Diabetes Lifestyle Programme (DLP) is a collaborative initiative that began in 2021, spearheaded by the Malaysian Endocrine and Metabolic Society (MEMS) in partnership with several prominent medical and allied health professional organisations including the Malaysian Medical Association (MMA), the Malaysian Family Medicine Specialists' Association (FMSA), the Academy of Family Physicians of Malaysia (AFPM), the Malaysian Dietitians' Association (MDA), and the Malaysian Diabetes Educators Society (MDES).

The program aims to revolutionize diabetes management in Malaysia where its key objectives and outcomes include:

- Cultivate HCPs as diabetes lifestyle advocates through an annual training series.
- Support HCPs in providing diabetes lifestyle management advice and care to their patients.
- Develop practical online resources to guide patients in making lifestyle changes.
- Promote the implementation of lifestyle interventions in healthcare settings, particularly at the primary care level.



<https://lifestylechange.mydlp.my/>



DLP comprises 3 components that empower HCPs

- **Training and Capacity Building:**

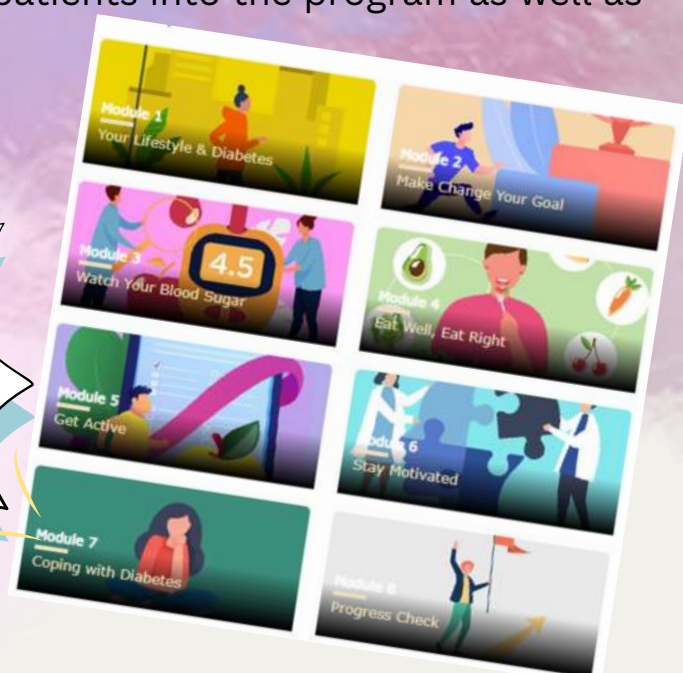
The program starts with comprehensive training for HCPs, through a webinar and an 8-Module Online Course that equips them with knowledge and skills needed for excellence in their roles.



- **Application:** After successfully completing the course, they have the option to participate in a graduation ceremony where experts provide practical tips and conduct workshops to help apply the knowledge in practice.

- **Support Tool:** As advocates, they then gain access to the DLP Patient Digital Education & Support Web-based App, which is used to actively engage and recruit patients into the program as well as monitor them.

The app offers expert-developed educational videos, action tasks, and virtual dietitian consultations, allowing HCPs to monitor their patients' progress.



The program has engaged more than 4,000 HCPs through webinars and online courses, with over 1,000 DLP Advocates completing the training. It is also important to highlight that one of the expert panel members is our very own Dr Chang Li Cheng, who heads Module 7 on the LDP teaching to empower patients to self-monitor their blood glucose. And many of the FMS in Selangor are advocates for the DLP program as well.



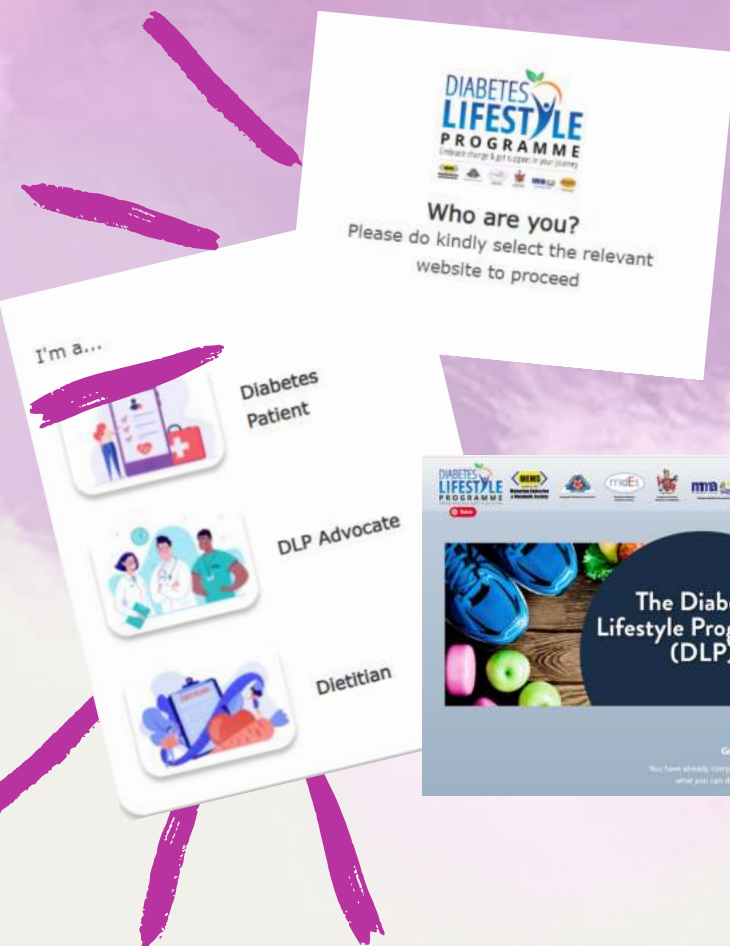
Dr Chang Li Cheng

DLP Expert Panel Member
Family Medicine Specialist

While the DLP has achieved significant success, it has not been without its challenges including slow registration of advocates to the web-based app; internet connectivity issues, and patient criteria concerns. In response, the DLP has actively addressed these issues and consistently seeks feedback for continuous improvement.

In the future, The DLP aims to gain recognition from the Ministry of Health for nationwide implementation to reflect its commitment to continuous growth.

This initiative represents a paradigm shift in diabetes management, empowering healthcare professionals and patients for holistic care. With its remarkable progress, the DLP is poised to be a significant tool that we, as FMS in Selangor, could use in improving the management of Type 2 Diabetes, especially in our own setting.



Special Acknowledgments to the DLP Secretariat for sharing their data and background information



Dr. Nadiah Alwi
KK Balakong



PRIMARY CARE SEMINARS 2023

Maternal & Child Health: Strengthening the care

One of the primary care services provided in health clinics is maternal and child health care. Mothers and children receive various treatments, including family planning, immunisations, pre-pregnancy, antenatal and postnatal care.

The specific goal of this seminar is to deepen our current understanding of managing mother and child health. As such, the relevant topics for discussion and notable speakers have been invited.

Aim

Primary care seminar (PCS) is an initiative of FMS Selangor to act as an opportunity for enhancing knowledge on a variety of topics with the purpose of improving patient care. This year, three PCSs have been organised to cover all of the most significant topics in primary care related to MCH, NCD, and CDC.



MATERNAL & CHILD HEALTH STRENGTHENING THE CARE	
PROGRAMME	
08:15 - 08:45 Registration	10:45 - 11:50 Collaborative Approach In Managing Teenage Pregnancies Datuk Dr. Harlina Halizah Hj Siraj Consultant Obstetrician & Gynaecologist Founding Director of Akademi. Dr. Har
08:45 - 09:00 Opening Speech Dr. Ho See Kiau Head of Family Medicine Specialist Selangor Klinik Kesihatan Bandar Botanik	11:50 - 12:15 Early Pregnancy Bleeding - Ectopic, Threatened, Incomplete, Complete, and Missed Dr. Preetiba Rani a/p Vijaya Obstetrician & Gynaecologist Hospital Sungai Buloh
09:00 - 09:45 Faltering Growth in Children Dr. Selva Kumar Sivapurniam Consultant Paediatric Nephrologist Hospital Selangor	12:15 - 15:00 Prolonged Jaundice - Latest Updates Dr. See Kwee Ching Consultant Paediatrician Hospital Sungai Buloh
09:45 - 10:50 Persistent Postpartum Infection in Pregnancy Dr. Muniswaran a/p Ganesham Consultant Obstetrician & Gynaecologist Hospital Kuala Lumpur	15:00 - 13:30 The Unmet Needs: Insulin Detemir for Optimal Diabetes Care in Pregnancy Dr Yusniza binti Yusoff Consultant Endocrinologist Hospital Sungai Buloh
10:50-10:45 Tea break	

The seminar took place online on 11th March 2023 from 8am until 2pm. It was organised by FMS Sabak Bernam, Klang, and Gombak and attended by 429 participants, including medical officers and FMS. The participants' feedback was extremely positive and encouraging. This seminar proved beneficial to all participants.

PRIMARY CARE SEMINAR

THE TEAM



Article by,
Dr Nur Azana Roslan
KK Batu 9

PRIMARY CARE SEMINAR

COMMUNICABLE DISEASES:

“Beyond the basics: Conquering Challenges in Communicable disease”

In a remarkable display of regional cooperation, three neighbouring districts Petaling, Kuala Selangor and Hulu Selangor came together to organise a compelling primary care seminar on Communicable Disease. The virtual seminar successfully took place on 10th of June 2023 from 8am to 4.30 pm, via Zoom Platform.



A wide variety of distinguished speakers were gathered from various Klang valley Public Hospitals and University Hospitals. The topics were diverse, ranging from Covid to Dengue, approach and challenges of managing difficult TB cases in primary care, Syphilis and also symptoms-based approach for fever with rash and cough in children, all with the aim for enriching each of us with a burst of knowledge.

FINAL ANNOUNCEMENT

PRIMARY CARE SEMINAR on COMMUNICABLE DISEASES 2023

— for Medical Officers & Family Medicine Specialists —

*Beyond the Basics:
Conquering Challenges in Communicable Diseases*

📅 10th June 2023, Saturday | ⌚ 8:00am - 4:30pm | 📍 Virtual (Zoom Webinar)

REGISTRATION FEE
RM 30.00 per person
(please refer to next page for more information)

REGISTER ONLINE NOW
bit.ly/fmss-seminar-2023

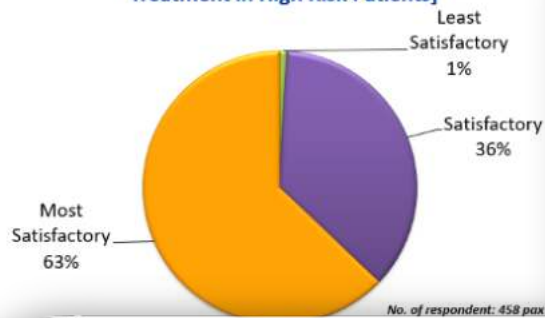
REGISTRATION DEADLINE
31st
May 2023
(Wednesday)

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Prestige
awarded
by MMA

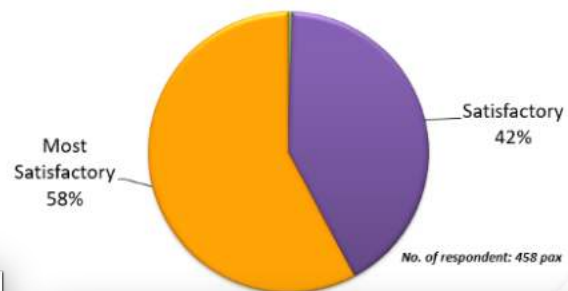
PRIMARY CARE SEMINAR

The live Q & A session received good feedbacks and kept the momentum for the participants as it allowed live interactions even though the seminars were pre-recorded.

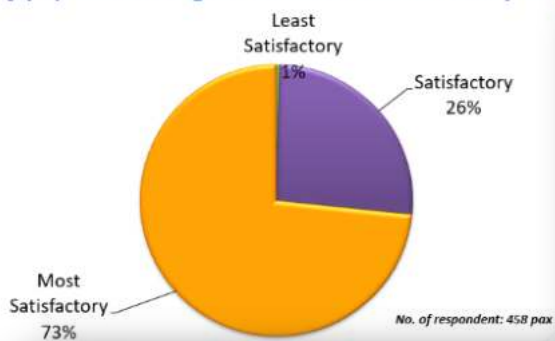
Are the following topics interesting to you?
[Symposium 1: Optimising Mild to Moderate COVID-19 Treatment in High Risk Patients]



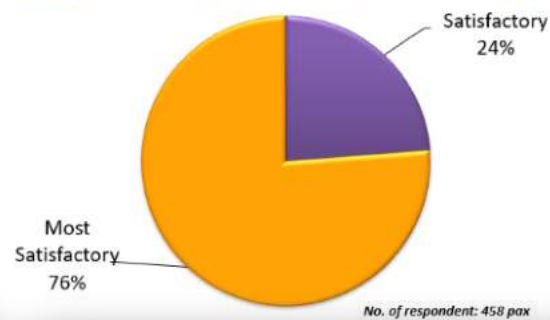
Are the following topics interesting to you?
[Symposium 2: Difficult TB: Approach and Challenges in Primary Care]



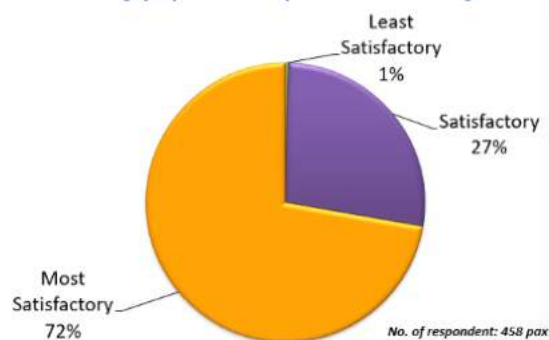
Are the following topics interesting to you?
[Symposium 3: Dengue: Pearls and Pitfalls in Primary Care]



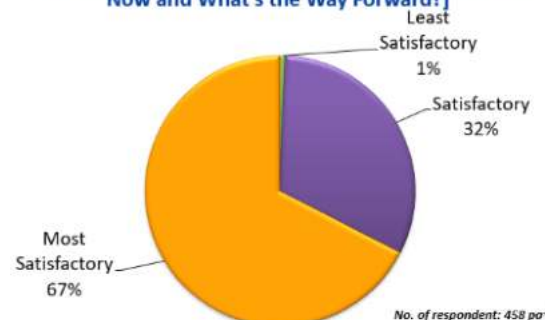
Are the following topics interesting to you?
[Symposium 4: Syphilis: Far from Ancient History]



Are the following topics interesting to you?
[Symposium 5: Spot the Fever-rash]



Are the following topics interesting to you?
[Symposium 6: COVID-19 Vaccination: Where Are We Now and What's the Way Forward?]



Together, we have empowered minds and ignited a thirst for knowledge that will guide us to be competent clinicians

DR. SHARMILEE RAMANATHAN
KK PUCHONG BATU 14



PRIMARY CARE SEMINAR

NON-COMMUNICABLE DISEASES: “STAY YOUNG & BEAT NCD”

Following the success of FMS Selangor’s 2022’s Primary Care Seminar on Non-communicable diseases, this year the mantle was passed down to a combined team of FMS from 3 neighbouring districts of Hulu Langat, Kuala Langat and Sepang. Putting focus onto the future generation, and the rise of non-communicable diseases in the youth community, the theme was kept youthful with “Stay Young & Beat NCD”.



Organiser: 

PRIMARY CARE SEMINAR ON NON-COMMUNICABLE DISEASE

Stay Young & Beat NCD

📅 23 September 2023 ⌚ 8.00am- 2.00pm

📍 Virtual Platform

REGISTRATION FEE
RM 30.00 per person
(please refer to next page for more information)

REGISTRATION DEADLINE
9TH SEPT 2023



Click or Scan to Register

7 MISTERY PRIZES TO BE WON

Collaboration: 



LIVE Q & A Sessions between our co-host Dr Izzah and Dr Akmal with the speakers Dr Lee and Dr Rahima

The seminar was held virtually on 23rd of September 2023 and had a line-up of topics delivered by experts in their field. From exploring anxiety in adolescents, decoding young hypertension, and prescribing medical nutrition, to managing pre diabetes and obesity as well as the right exercise prescription for sugar control. The overall uptake of participants was encouraging; consisting mostly of Family Medicine Specialists, aside from GPs and medical officers.



**Last speaker of the day-
Dr Abu Ubaidah**

Despite a slight hiccup in the beginning; the event went smoothly with the highlight being the inclusion on mental health; specifically due to the rise in cases of anxiety seen in adolescents in our communities and the live question and answer sessions for each topic where our participants were able to convey their queries and participate in the live discussion.

Feedback from participants were positive with majority recommending the seminar to others. A round of congratulations and thank you to the speakers, participants, and committee members for the continued success of these seminars.



**FMSes from Hulu Langat, Kuala Langat and Sepang -
behind the scenes in the green room**

Information in primary care is ever- evolving and progressing with ongoing research and new findings; thus, it is evident that primary care seminars such as these; stand as essential pillars in our quest to maintain knowledge and ensure that the highest standard of care is consistently delivered to those who need it most - our patients.



**The on-site managing team during the seminar
live stream in the conference room**



**Dr Nadiah Atwi
KK Balakong**

KLINIK LAVENDER

Mental Health Clinic



Since its establishment in 2021, Klinik Lavender KK Bandar Botanic has been pivotal in enhancing patient care for individuals with mental health illnesses and raising awareness about mental health within the community.

In line with this commitment for 2023, Klinik Lavender launched its official Facebook page to disseminate information about mental health illnesses and preventive strategies for managing stress and mental health concerns. The page provides updates on monthly activities led by a range of professionals including doctors, nurses, psychologists, and occupational therapists, providing insights into the clinic's programs.



**MENTAL HEALTH AWARENESS MONTH
FREE WEBINAR SERIES**

**"THROUGH A NEW LENS"
PRIMARY CARE MEETS
MENTAL HEALTH**

TIME : 1.15PM-2.15PM

APPROACH TO LOW MOODS
DATE : 4TH OCTOBER 2023
Dr Nahdiyya binti Sha'ari
Pakar Psikiatri Klinikal, DrPsych

APPROACH TO ANXIETY
DATE : 12TH OCTOBER 2023
Dr Alaginjial Govendan
Perubatan, MRCPsych (UK)

APPROACH TO PSYCHOSOMATIC DISORDERS
DATE : 18TH OCTOBER 2023
Dr Uma Chellaya
Pegawai Perubatan, MRC

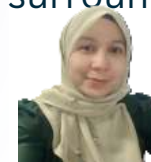
APPROACH TO PSYCHOSOMATIC ABUSE DISORDERS
DATE : 25TH OCTOBER 2023
Dr Mohd Fariz bin Idris
Pakar Psikiatri Klinikal, DrPsych (UKM)

To further empower healthcare providers in handling prevalent mental health issues in primary care, a series of hour-long lunch webinars were organised throughout October in collaboration with the Psychiatry Department of Hospital Tengku Ampuan Rahimah Klang. Each webinar attracted over 150 participants, including general practitioners, fostering knowledge exchange during Mental Health Awareness Month.

As part of its community initiatives, Klinik Lavender hosted a mental health awareness day at SMK Batu Unjur Klang for Form 2 students. This half-day program aimed to heighten awareness and mitigate stigma surrounding mental health among adolescents. Interactive games and activities led by professionals including doctors, nurses, psychologists, physiotherapists, and occupational therapists were incorporated.



Given the escalating burden of mental health issues within the community, Klinik Lavender continues to spearhead efforts in delivering comprehensive and holistic care to both patients and the surrounding community.



**Dr Nur Azana Roslan
KK Batu 9**

SUBSPECIALTY AND AOI UPDATES



Pursuing subspecialisations and areas of interest is fast gaining popularity among family medicine specialists.

Selangor ranks as one of the states with the highest number of family medicine specialists undergoing training, with 12 trainees currently doing further training for subspecialisations and areas of interest (AOI) in various fields.

For this year's edition, we have the privilege to learn and gain some insight from Dr. Nazhatussima, Dr. Noor Harzana, and Dr. Naemah as they share their experiences and walk us through their journey in subspecialisation and AOI training. It is hoped that more will be inspired to emulate them following this interesting read.



Dr Nik Mazlina
KK Kelana Jaya

DR NAEMAH BINTI SHARIFUDDIN

KK BANDAR SERI PUTRA
SUB SPECIALISATION IN SEXUAL AND
REPRODUCTIVE HEALTH (SRH)



Before I joined Masters in Family Medicine, I was a medical officer in internal medicine at HKL with zero primary care clinical experience in Malaysia since I was trained in Australia. Graduating from the program was an achievement for me since it was a fresh experience, to approach patients through the lens of primary care. My enthusiasm in medicine was waning, but rekindled with the chance to sub-specialise as I hit 45 years old. Since it was my final year of eligibility, I thought to myself, why not? Trying it is preferable to regretting not doing it.

I was intrigued with women's health, but I soon realised that it was under the umbrella of sexual reproductive health, thereby grouping both genders instead of in silo. The current approach includes sexual education, family planning, pre-conception care, antenatal and safe delivery, postnatal care, prevention and management of sexually transmitted infections, and preventive screening from infancy to old age for both gender. Personally, I feel it is a challenge for me to overcome in tackling men's health which was more dominated by men.

CHALLENGES

Among the challenges I faced during the training were identifying appropriate training centres, locally and overseas, finding suitable supervisors and approaching them to accept me as their trainee.

As a subspecialty candidates, I am required to design comprehensive study plan to adequately fulfill the needs and proficiency of this subspecialty. For this, I was fortunate to have Dr. Fuziah Paimin to be my supervisor as she guided me through.

Dr Fuziah Paimin had completed 1 year of training on women's health at Warwick University, UK, in the early 2000s. Under her supervision, we decided to gain exposure in centres working on women's health and infertility, adolescent sexual health, men's health, and infectious disease. This was when networking with colleagues of other fraternities came handy as I had to approach and engage with colleagues from urology, O&G, and family medicine of other states to allow me to practice and learn from their centres.



With Prof Saiful Bahri and team for Men's Health clinic in HUSM

Definitely, it was an interesting experience and an opportunity for me to share to other specialties, regarding the diversity in family medicine despite its limitations.

One of my hospital supervisors, asked whether this subspeciality would mean, I will be providing infertility clinic services in primary care. Of course, I explained that our role is for early detection. Not limited to that, we will do appropriate health screening with lifestyle and concomitant disease management, but the specific fertility treatment will be started by them in tertiary care. During my attachments, I was able to provide feedback to them on the services available in primary care and management that could assist patients. Looking back, I consider myself fortunate to have had colleagues who were able to guide me.

Initially I was accepted for a 1-year training at Sydney University, after a 2 years of training locally. I was looking forward to experience working in a primary care or community center with established SRH service that I could adopt back home in Malaysia. Unfortunately, owing to the COVID-19 epidemic, and the exorbitant costs which required self-funding, I decided to continue my training locally. I had also embarked in an online postgraduate diploma in sexual and reproductive medicine in my quest for this subspecialisation.

On hindsight, besides these challenges, juggling family time while subspecialising and financial constraints were also some of the issues that needed to be considered. Even with the approval of HLP, as of most claims, the paperwork and procedural would put one's tolerance to a test!

IMPACT

After completing my subspecialisation, I have successfully widen my clinical practice into cases such as vaginismus, menopause / perimenopause, sexual health, infertility, erectile dysfunction, and family planning. I have received referrals for men's and women's health from other FMSes colleagues and am actively giving lectures and public talks in webinars, conferences, and other online mediums.

On a national scale, I am involved in developing modules and guidelines for the Ministry of Health, such as the cervical cancer screening guideline and the premature delivery prevention guideline.

TIPS FOR SUBSPECIALISATION

My advice for FMSes who are planning to embark on the journey is to go for it! The experience is priceless. You will gain new knowledge, a comprehensive understanding of the disease, and you will be inspired to do better for the health service. Along the way, you will also gain new colleagues of different specialties BUT with common subspecialties of interest, which you can work with for future service improvements, research, or projects.

The best experience so far in my practice is being able to encourage infertile couples to make healthy lifestyle changes and see some of them conceiving even without medical interventions. There were also couples with sexual issues that resolved after a few sessions. These successes encouraged me to continue my practice and boosted my enthusiasm for practicing medicine.

For the future, I am interested to to conduct more Malaysian-based research on SRH, as well becoming training centres to equip our primary care doctors with better knowledge and experience in SRH, thus improving care for the patients.



DR NAZHATUSSIMA BINTI SUHAILI, KK AMPANG AOI IN WOUND CARE



My journey in wound care started in 2018. I was appointed as a coordinator of wound program in Hulu Langat District and Klinik Kesihatan Ampang was chosen as one of the wound champion clinics in Selangor. The starting journey was difficult as advanced modern wound care was quite new to primary care. Honestly, we didn't learn advanced wound care in undergraduate or even postgraduate program.

HOW IT STARTED

Overwhelmed with the vast knowledge and various modern dressing I was enlightened and inspired by wound care champions which were Dato' Prof Harikrishna, the head of the wound care unit Hospital Kuala Lumpur and President of the Malaysia Society of Wound Care Professional and FMS Dr Hanihaselah binti Mohd Saleh, the wound care coordinator in Johor.

Intrigued, I soon learn that to achieve timely wound healing, we should treat both patient and wound holistically. This challenge is met with evolving technologies that provide adjunctive therapies and a myriad of modern dressing products. Hence in 2021, it propelled me to become a Certified Clinician in Wound Care from Malaysia Society of Wound Care Professionals.

ACTION PHASE

In July 2022, I had enrolled myself in area of interest (AOI) training program. As wound care involves interdisciplinary management, I had requested to do my trainings both overseas and local for diversity and future adaptability. Locally I have trained and obtained experience in Wound Care Unit Hospital Kuala Lumpur which is like wound care heaven! Combination of dedicated team in HKL, with the accessibility to extensive variety of modern dressings and adjunctive therapies made it the exemplary wound care centre in Malaysia.

I also ventured into the different settings for wound care in Hospital Rehabilitasi Cheras, Vascular Unit of Hospital Canselor Tuanku Muhriz UKM and at Excellent Wound Care Clinic in Klinik Kesihatan Senawang. I wish however, that I have more time to broaden my experience in other departments such as plastic surgery, dermatology, surgery and orthopaedic.



EXPANDING MY HORIZON

Currently, I am in my 5 months overseas training in Wocare Wound Center, Bogor Indonesia. I am certified as Wound, Ostomy, and Continence Therapist after I have completed the 400 hours intensive program. Subsequently, I was given opportunities to do clinical attachment for wound care practices all over Indonesia such as in Malang, Jogjakarta, and Makassar.



Certified Wound Ostomy Enterostomal Therapist

Indonesia, a country with huge population and high diabetic wound burden faces challenges in health care economical sustainability and accessibility. Hence, home care is one of their forte to focus on delivering wound care to rural area and mobility challenged clients. Here I learn to produce creative managements in modifying the dressings to strike a balance between the wound care needs and its cost-effectiveness.



In Bali, I visited Yayasan Kaki Kita Senusantara, who produce prosthetic limbs using recycle plastic bottles.

I have participated in wound care workshops as as both participant and speaker, and managed to visit government health clinics dealing with diabetic and wound clinics.



Recently we just finished organizing Indonesia Ostomy Awareness Day, where I met many nationwide enthusiastic ostomates, surgeons and enterostomal therapist.

FUTURE ASPIRATIONS

i hope to share the invaluable knowledge and experiences with my fellow colleagues. Coming back home, I envision adapting and incorporating my experience here into our local practices. I am also welcoming all FMSes to join this program as we are definitely in dire need for more wound care experts in primary care to deal with our equally heavy burden diabetic foot complications in Malaysia.



Corporate University of Wocare Organizing Indonesia Ostomy Awareness Day



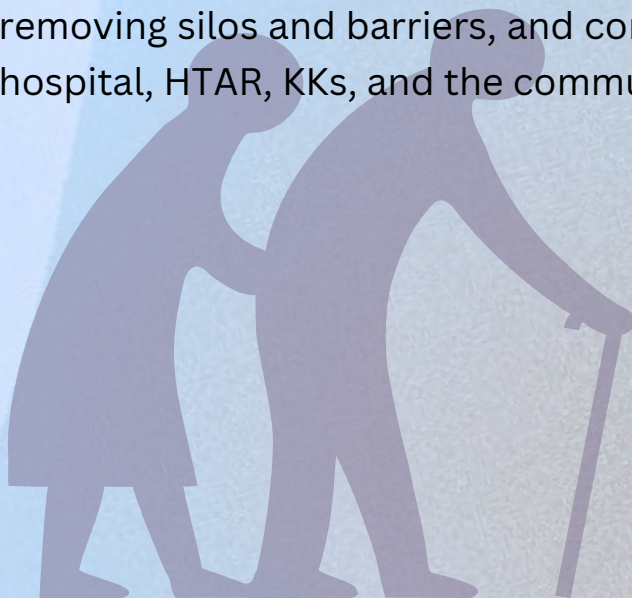
**DR NOOR HARZANA BINTI HARUN, KK
PANDAMARAN
SUBSPECIALISATION IN GERIATRICS**

Geriatrics is my special interest since my postgraduate research on the Psychological Consequences of Falls in Older People, which was inspired by my two supervisors, Honorary Prof Dr. Khoo Ee Ming and Prof Dr. Tan Maw Pin. Akin to law of attraction, my gazetteer in 2016, was Dr Ruziaton Hasim, consultant FMS and Head of Clinic of KK Pandamaran who shared similar interest in geriatrics!

MY BURNING PASSION

Together with Dr. Ruziaton, we have expanded care of the elderly by establishing the Senior Citizen Club and the Elderly Wellness Programme in tandem. It managed to establish connections with various government agencies, universities, health clinic advisory panels, Non-Governmental organisations (NGOs), and the community. There were specific activities pertaining geriatrics in the form of educational talks, screening, exercises, and recreational activities which were conducted in a multidisciplinary manner, particularly the geriatricians and allied healthcare providers.

In 2018, we established the Seamless Geriatric Care Multidisciplinary Team meeting, led by geriatricians, with the goal of improving networking, removing silos and barriers, and connecting the dots between our referral hospital, HTAR, Kks, and the community in the Klang district.



MY 'WHY's



High chronic disease burden and geriatric syndromes among the elderly. Because of multiple comorbidities, older people are less healthy. The physical and social changes associated with aging are combined with debilitating acute and chronic diseases, and frailty is frequently exacerbated by geriatric syndromes.



Complexity of geriatric management requiring HCWs to invest more time in them. Coupled with inadequate knowledge of geriatrics, and there is rapid turnover among trained staff, I find a need to establish this service.



Lacking of integration with fragile transition of care between primary, secondary, and tertiary care and the community causing disparity between health and social issues. There is no structured or standardised system to connect community, health clinics, hospitals, and long-term care. Communication between the community, health clinics, and the hospital could be improved.



Low health literacy amongst patients and caregivers adding to existing barriers to treatment accessibility either physically or financially.



Lacking of social support for cares to provide ample, rehabilitation, home modifications, and other supportive care.

With these gaps, I clearly see my destiny and decide to pursue sub-training in geriatrics!

MY STUDY PLAN

In my first and second year, I was in Hospital Kuala Lumpur, PPUM and Rehabilitation Hospital in Cheras. Concurrently, I enrolled in Sunway University's Post-Graduate Diploma in Primary Care for the Elderly (PGDPE). During the first two years, the emphasis was on honing my knowledge and clinical skills in managing complex elderly health in acute and subacute care settings, outpatient geriatric clinics such as memory, falls, incontinence, and psychogeriatric clinics, orthogeriatric care, rehabilitation care, and home visits.

I was exposed to Comprehensive Geriatric Assessment (CGA) which is familiar to Family Medicine, but focused on the elderly population. This assessment is the gold standard of care in geriatrics for frail & older people because it necessitates a multilateral approach and a multidisciplinary team (MDT) capable of addressing multiple issues including their physical health, functional status, cognitive function, psychological well-being, social support, and environmental factors. The goal is to develop a holistic understanding of the needs of the elderly person and a personalised care plan that addresses those needs. In particular to geriatric specialty, MDT is the 'engine room' and its efficacy in improving quality of life and reducing carer burden has been shown in multiples RCTs. The strategy is patient-centered, and ensure continuity of care.

This has inspired me to establish the Comprehensive Elderly Assessment Pathway in KK Pandamaran in 2020, which was during my 1st year of sub-training itself! The team involved trained medical officers, allied health staff, paramedics, pharmacists, and NGOs. We organise MDT meetings at the clinic twice a month to discuss plan management and identifying cases to co-manage with geriatrician through our MDT Seamless Geriatric Care. To date, we have completed 80 MDT sessions and have presented the findings at conferences.

During third year of sub-training, I was attached to Malaysian Research Institute on Ageing (MyAgeing) in Universiti Putra Malaysia, where I gained knowledge of the medical, social, and technological facets of gerontology. I also visited community-based rehabilitation centers in Kedah and Thailand on field trips to learn about step-down care for rehabilitation and the role of volunteers and non-governmental organisations focused on post-stroke care



With Director of Songkhla Hospital, Thailand



Home Visit Attachment with A/P Dr Tan Boon Yew
– CEO of the St Luke Hospital, Singapore

In Singapore, I was attached to St Luke's Hospital which is an elderly community hospital led by family physicians! It is a step-down facility that not only provides intermediate care for rehabilitation and sub-acute medical care, but also functions as a community one-stop center for complex elderly patients with multiple chronic conditions and/or social issues.

In Adelaide Australia, I observed how their system is integrated across settings covering acute care, subacute, and community care. I had the opportunity to visit the Centre of Excellence for Clinical Education and Research and One-Stop Center or agency that provides various levels of Home care package (HCP), Transitional Care Program (TCP), Short-Term Restorative Care (STRC), and residential care in Australia to tailor to the needs of the elderly.

While being overseas, I seized the the opportunity to join the Singapore Primary Care Conference and the Australia and New Zealand Society for Geriatric Medicine Annual Scientific Meetings (ANZSGM)to gain more exposure.



ANZGM Scientific Conference 2023



Hospital Avoidance & Discharge Support Service Team South Australia

SMALL STEPS INTO GIANT LEAPS

Currently, I am directly involved together with the Founder of NGO Be Vital, Dr Ahmad Munawwar Helmi, in proposing “Healthy Ageing program- Preventing Frailty in the Elderly Community” to the Selangor Health Partnership Programme (SELHEP). Alhamdulillah, from 300 organisations that expressed interest, 125 proposals submitted, 35 shortlisted for pitching sessions, we were chosen out of the final 9 finalists that would receive sponsored by the Selangor government.

This program involves collaboration from non-governmental organisations, Health Clinic Advisory Panels of PKD Klang, the Malaysian Society of Geriatric Medicine (MSGM), private and industrial agencies, associations, and many more. It will be conducted into two arms: screening and intervention, involving 12 health clinics and elderly nursing homes in the Klang district, every fortnightly for a year.



With Selangor State EXCO Y.B Pn Jamaliah Jamaluddin with Dr Ahmad Munawir Helmi Salim Founder of NGO Be Vital

The various specialties involved include family physicians, geriatricians, sports physicians, and public health physicians along with our allied health personnel. The elderly participants would be offered geriatric screening, health talks, exercises prescription, nutritional advice, and lifestyle modifications. This program is Malaysia's first community-based frailty prevention program, involving strategic partnerships with NGOs and volunteers. With Selangor State's ongoing support, this program will be expanded to other districts in Selangor State next year.



Training of Trainers: Healthy Ageing-Preventing Frailty in the Elderly Community at Grand Barakah Hotel, Ampang



Training of Trainers: CPG Management of Dementia (3rd Edition) at National Institute of Health

During my sub-training, I gave lectures at national and international conferences about my experiences with Community-Based Elderly Health Care Services, which is a concept of aging and receiving the necessary care and assistance in their homes or communities. This service provides home care services, social support, transportation, education and resources, as well as care coordination indirectly will reduce unnecessary admissions and secondary care costs.

HOPES & ASPIRATIONS

Looking ahead, I hope to be able to participate in the state and national meetings, to address the unique healthcare needs of the elderly, advise policymakers, and broaden the concept of integrated community-based elderly healthcare services and transitional care programs.



International Day of Older Person Celebration at Dataran Shah Alam officiated by Sultan Selangor : with Dr. Wan Noraini Wan Mohamed Noor, TPKN(KA) of JKNS, Dr. Nor Hazlin Talib, President of FMSA, and brain gym team of Senior Citizen Club, KK Pandamaran

Finally, the Family Medicine subspecialty program enables family physicians to provide specialised care while maintaining core family medicine principles, resulting in better care for patients with specific healthcare needs. Therefore, I would encourage my FMS colleagues to participate in this subspecialty program because it is part of self-development, medical career development, and expertise as well as increasing cross-border networking. I am grateful to God Almighty, my seniors, teachers, colleagues, and family members for their strength and support throughout this difficult and challenging journey. When we faced challenges it reminded me that there is only one way out: to be together. We will achieve more by working together and collaborating with others, and success is best shared.

UPGRADING HEALTHCARE FACILITIES

We have been awarded much-needed allocation which enables the upgrading of few selected health clinics and rural clinics in whole of Selangor. Hopefully it paves a path that will not only enhance healthcare access but also fortify the well-being of our cherished community.



Klinik Kesihatan Batu Arang, Gombak District

A recipient of 'Projek Klinik Daif', this clinic was granted RM 600,000.00 for upgrading its NCD (non-communicable disease) building and few other structures. Being a Type 7 clinic, it has grown to cater up to 500 patients per day. Currently, the extensive renovations and reparations faced challenges of preserving the structure of the building as it is protected under the National Heritage Act, 2005 (Act No. 645).

Klinik Kesihatan Bukit Cherakah, Kuala Selangor District

Faced with a small area to work with, this clinic is expected to gain about 989 sqf from its humble 1,889.2 sqf which previously placed its Maternal & Child's Health building and pharmacy. This is parallel to its upgraded function from Klinik Desa to a KK type 4.





Klinik Kesihatan Kanchong Darat, Kuala Langat District

Built in 1968, Klinik Kesihatan Kanchong Darat (KKKD) once faced challenges like leaking roof and outdated facilities. The bold upgrading project began in April 2023 and services were shifted to KD Kelanang for five months. The overhaul included improvements from sanitary systems to wheelchair ramps for accessibility. Completed in October 2023, the renewed KKKD now stands as a testament to the commitment to public health and safety.

Klinik Kesihatan Ulu Yam Bharu, Hulu Selangor District

Reparation was needed for dated electrical wiring, causing power trips and eventually, sparks of fire. This warranted replacement of ancient cables and DB, together with new ceiling. Naturally decanting of patients to smaller facilities ensues. Consequently, the staffs and patients would share VERY limited spaces (think of patients congested under small flimsy tents; doctors and staffs working elbow to elbow in teeny-weeny rooms) for a whopping 9 months duration!





Klinik Kesihatan Paya Jaras , Petaling District

Established in 1970, KK Paya Jaras evolved from a rural clinic into a public health clinic in 2015, serving 180 patients daily (covering approximately a population of 120,000). Its aging structure poses challenges like tripping hazards and leaks. Additionally, the surge in patients strains space, demanding an upgrade to enhance services. The transformation aims to improve working conditions and elevate patient care.

Klinik Kesihatan Bukit Naga Klang District

KK Bukit Naga underwent renovations from June 19th to November 30th 2023. Patients were redirected to KK Bandar Botanic and KD Jalan Kebun. Facing various problems such as limited space, open-air consultations and hot congested waiting areas. Anticipating completion, KKBN promises enhanced comfort and high-quality services for both patients and dedicated health staff. The transformation is worth the wait!



In 2022, Sabak Bernam District had witnessed two clinics that were destroyed in tragic fire accidents - Klinik Kesihatan Parit Baru and Klinik Desa Sepintas.

Klinik Kesihatan Parit Baru Sabak Bernam District

On 13 September 2022, Klinik Kesihatan Parit Baru was razed by fire, leaving it in ruins. The State Health Director and Health Minister swiftly invested RM 1.6 million to build a new facility. The construction, battling weather odds, finished incident-free by April 2023.



It has been operational since May 2023, the clinic perseveres, constantly enhancing services despite past adversity.



Emergency funds had been granted at a total of RM481,000 by then health minister. Rebuilding was timely to absorb patients from KK Sabak Bernam, which later on undergoes major upgrading of facilities too.

KD Sepintas, Sabak Bernam District

In September 2022, this facility was engulfed with fire causing total destruction. The original wooden structure was built in 1963 before officiated in 1978.





Klinik Kesihatan Sungai Air Tawar , Sabak Bernam District

The aim of the project is to upgrade the JPL waiting area, pharmacy, and pathway connecting the existing JPL & MCH building that are separated in order to provide comfort to the patients. In view of expanding health services, more rooms were created such as permanent family health specialist room, funduscopy room and adding more consultation rooms to place medical officers and allied health workers.

Klinik Kesihatan Sabak Bernam, Sabak Bernam District

Originally built in 1961, KK Sabak Bernam was allocated almost RM300K for the purpose of upgrading the clinic's roof and electrical wiring system. As a result the maternal & child health clients were being decanted to KD Sepintas while work repairs in progress.





Klinik Kesihatan Desa Putra, Sepang District

This health facility is upgraded into Type 5 health clinic catering 120-200 clients per day. Anticipating the community of Sg Merab, it will have its own laboratory services and pharmacy. Inevitably it will help decongest the packed Klinik Kesihatan Bangi and Klinik Kesihatan Putrajaya, thus giving more equitable health access to this community. It is likely to be operating in January 2024

Klinik Kesihatan Semenyih Hulu Langat District

Klinik kesihatan Semenyih was completely demolished and rebuilt in a 4 year project since 2022. Its services were diverted to Klinik Desa Broga and Klinik Desa Brinching Hilir for its maternal and childhealth division. Meanwhile their chronic care patients were under the care of KK Beranang. Despite these challenges, it is definitely a crucial project that antedates the growing population of Semenyih.



Dr Mohd Hafidzudin b Zainal Abidin
KK Ulu Yam Bharu



Dr Nurul Nadia bt Baharum
KK Bukit Chera



COMMUNITY PROJECT 2023: KIDNEY HEALTH FOR ALL

11 FEBRUARY 2023

In conjunction with World Kidney Day 2023, FMS Selangor Association had collaborated with Panel Penasihat Klinik Kesihatan (PPKK) Pulau Ketam and Majlis Pengurusan Komuniti Kampung (MPKK) Pulau Ketam to organise a community program with specific objectives to increase awareness and education regarding kidney health among the public. Numerous NGO's also participated in this program including National Kidney Foundation (NKF), National Cancer Society Malaysia (NCSM), Persatuan Diabetis Malaysia (PDM) and Persatuan Kebajikan Usiamas Malaysia (PKUM).



The program started as early as 8.00 am with exciting chairbics and brain gym led by physiotherapists and an occupational therapist. The opening ceremony was officiated by Dr Nik Mazlina, (Head of National Service of FMS Malaysia), Mr Chua Ki Lin (Community Leader) and Mr Chua Chian Tie (Chairman of PPKK Pulau Ketam). The rest of the day continued with many activities happening concurrently. These included comprehensive health screening tailored to detect early abnormalities which may affect kidney health ie. blood pressure measurement , body mass index, blood glucose level and urine examination.





PKD Klang healthcare professionals consisting of dietician, pharmacist and Health Promotion Unit also prepared some exhibition booths on kidney health.

Meanwhile, NCSM provided cancer screenings for cervical cancer, breast cancer, prostate cancer, colorectal cancer and liver cancer. During this activity, FMSes helped to provide consultations to participants who have completed their health screening activities.

In addition, the FMS Selangor association also conducted home visits to provide palliative care to 5 patients with advanced chronic kidney disease (CKD) complicated by disability and other comorbidities. This was led by Dr Teoh See Wie and Dr Junita Harizon Aris who both have completed their subspecialty training in Palliative Care in Primary Care. This activity was absolutely enjoyed by the team as it was done “on wheels” using bicycles to travel from house to house.



FMS SELANGOR AWESOME!



There were also educational talks given by nephrologist Dr Wong Joon Mun and dietician Ms Yong Tse Jia titled “Protection of kidney” and “Healthy Diet For Patients with CKD” followed by some simple quizzes. The public really benefited these talks as they were conducted in their simple layman language. The event finally ended with exciting lucky draws for the community.



Overall, it was a very fruitful and enjoyable event for both FMS Selangor and the community of Pulau Ketam. Everyone who attended actively participated, contributed and helped to make the program a successful one. The overwhelming response of 134 residents of Pulau Ketam just showed how much they appreciated this rare event, where the specialists and other healthcare professionals in Selangor have taken the time to travel and conduct such beneficial events for the community. In the future, more similar programs should be planned out for other communities elsewhere in Selangor. On top of the benefits for the public, the FMSes in Selangor also get to strengthen their bond and improve co-operation among all in order to always strive for the best.



**DR NOR IZRAN HANIM BINTI
ABDUL SAMAD
KLINIK KESIHATAN DENGKIL**

BEYOND THE STETHOSCOPE: DR TEOH SEE WIE



Embarking on a programming odyssey

In 2020, as the COVID-19 pandemic swept through our nation, my journey into the realm of programming began. I frequently travelled from Segamat to other parts of Johor to support nasopharyngeal swabbing activities. These monotonous, solitary journeys gave birth to a fanciful notion. I imagined a scenario where a legion of Iron Man suits descended upon swabbing centers, performing nasopharyngeal swabs efficiently and precisely. While purely fantastical, such a vision sparked a thought – could robotic arms autonomously perform swabs, reducing the need for human intervention, mitigating the risk of COVID-19 transmission

This whimsical idea spurred me to venture into the world of programming. I dived into the field by learning Python, a programming language known for its accessibility for automation and artificial intelligence development. I began by enrolling in online courses, but I quickly found them daunting. Most of these courses followed a traditional path of teaching theory to build a solid foundation before advancing.

After much searching, I stumbled upon a course that emphasised learning through practical projects. This approach resonated with me, and my understanding of coding grew rapidly.

Another pivotal moment in my coding odyssey occurred when Malaysia introduced MySejahtera, a COVID-19 contact tracing app. Its launch stirred controversy, requiring individuals to log their every location, raising privacy concerns. Tech forums buzzed with discussions on bypassing this, including using "fake" apps to avoid location tracking via QR codes. Over time, open-source repositories on GitHub emerged, enabling the manipulation of immunisation records within MySejahtera.

I shifted my focus to front-end projects, delving into mobile app development. For this I chose Flutter, an open-source framework developed by Google for creating natively compiled mobile, web and desktop applications from a single codebase.

My first project was a playful graphical display app mimicking MySejahtera, albeit without actual functionality, meant solely for amusement. This introduced me to the fundamentals of mobile app development. Subsequently, I embarked on a new project—a quiz game app designed to teach "Simpulan Bahasa" to my first user, my lovely daughter. Instead of impressing her, she quietly uninstalled it after a few attempts.

Despite this “failure”, I took on a more challenging project – a flashcard app designed to help medical students learn the microscopic features of common human parasites. This project demanded mastering interactive module creation and complex data structure management.

With this achievement under my belt, I embarked on a series of diverse projects, each tailored to serve a distinct audience. Among them are the "MyNNJ" app, designed to cater for management of neonatal jaundice, and the "QuitAje" application, dedicated to aiding those on the path to quitting smoking.

Each project represented a fresh opportunity to make a meaningful impact, propelling me further into the boundless realm of coding possibilities.



Navigating the Path to Programming Mastery

I believe that the most effective way to master programming is via practical application. I advocate learning through hands-on projects instead of the traditional approach of theoretical foundation before progressing to more complex topics. This immersive approach allows for the strengthening of skills in a real-world context.

Selecting the correct programming language that aligns with your project goals is crucial. For mobile app development, I would suggest Flutter. If web development is your passion, HTML/CSS/JavaScript is suitable.

I started my journey with Python, a programming language renowned for its simplicity and readability. It serves various purposes across multiple domains, including machine learning, artificial intelligence, data analysis and automation.

Once you have chosen a programming language, many resources are available to facilitate your learning journey including online courses, tutorials, books and coding bootcamps. I suggest finding resources that cover topics of interest and match your learning style.

Online resources that may be helpful in the learning of various programming languages include:

1. *App Brewery Courses (<https://www.appbrewery.com>)*

Offering a range of courses covering web development, mobile app development and data science, their distinguishing feature is that it was founded by a trained physician. This imparts a "medical touch" to the courses offered, rendering them pertinent for us as healthcare practitioners. Known for their engaging and practical approach to learning, they are suitable for beginners and intermediate learners.

2. freeCodeCamp (<https://www.freecodecamp.org>)

This is a comprehensive platform offering free coding tutorials and interactive coding challenges covering a wide range of technology including HTML, CSS, JavaScript and data science. It is a good resource for those learning to code and gain practical experience.

3. Udemy (<https://www.udemy.com>)

This is a popular online learning platform with a vast library of courses, including programming languages, web development, mobile app development, and other tech-related topics. While many courses require payment, they do have good discounts periodically.

Lastly, don't hesitate to seek help. Numerous online communities and forums enable knowledge-sharing, offering a lifeline to those navigating the labyrinthine corridors of coding. For instance, Stack Overflow is a widely recognised and respected community for programmers and developers to ask questions, share knowledge, and collaborate on technical issues. Another is GitHub Community, which offers a platform where developers can seek help, share projects, and discuss open-source contributions.

Conclusion

Now, I find myself returning to the path of enhancing my skills and knowledge in Python, recognising its indispensable role in AI and automation. As I return to the world of Python, I am filled with a sense of purpose and excitement. The journey ahead promises to be challenging, but with dedication and perseverance, I know I can unlock this remarkable language's true potential. Programming with code has now become a cherished pastime, free from constraints or deadlines, a realm where time holds no dominion.

A hiker wearing a pink hijab, a blue long-sleeved shirt, and grey pants is walking on a dirt path through a dense forest. The trees and branches are heavily covered in bright green moss, creating a thick canopy. The hiker has a red backpack and is looking back over her shoulder. The overall atmosphere is lush and serene.

walk the earth

Hiking a mountain indeed starts with the end in the mind. Picture your view, and go for it! Be it hours of treacherous path, be it leech and slimy muds, rocky inclinations and the heavy rain. In the forest the greenery fills your vision, the smell of the trees, sweet songs by the birds, gentle breeze cooling your sweat and the branch of roots are scaffold in your hands

Perhaps that sums up why I enjoy hiking in the nature so much! Stark difference from our all-rounder demand in clinic, constantly shifting our focus from the roof collapsing in our clinic, to a pregnant mother with dengue in shock at our ED. In the forest, it is focused and calm. (likely due to absence of telco signal too!)



View at Tasik Cermin, Shah Alam Community Forest

Since then I have gone to Bukit Kutu, Pine Tree Hill, Gunung Rajah and Gunung Irau to name a few. My next aim is definitely to repeat Gunung Kinabalu which I went in 2008.

I think, it was during the global pandemic Covid that I started to hike, and since then I have 30 hiking trips of short trails or longer ones in the span of two years!

In the beginning I was getting through trails as Shah Alam Community Forest, Denai Tiga Puteri Peak in Damansara and also Bukit Tunku. It was not long before I started to join in longer and challenging hikes with my maiden trip to Gunung Nuang



Here are some tips for those who wants to try it out.

1. Start with easier trails. Look for 1-hour trails with well-marked paths such as Taman Tugu, Bukit Gasing, Denai Tiga Puteri Peak or FRIM to try and gauge your capabilities. Pick those with less inclinations and try it out on a sunny day. Find out if any entrance fee is required.



Landmark tree at Denai Tiga Peak, Kota Damansara Community Forest Reserve

Picture taken in front of angsana tree, a landmark in Bukit Kutu trail near Kuala Kubu Bharu with fellow FMS colleague Dr Norayu



2. Essential hiking gear

Hiking shoes or trail shoes with good grips on their soles are essential for safety and injury prevention. Ensure they have good grip and traction as our trails are usually muddy and slippery. Trekking poles are important for slippery hikes. Gloves can help protect your hands from thorns and prevent cuts while using thick ropes or ladders. A lightweight backpack makes it convenient to bring all essentials.



A thin wind-breaker or raincoat is essential if it rains. Depending on the duration of the hike, preparing a “dry pack” consisting of a dry change of clothes in a waterproof bag will help you keep comfortable at the end of the day.





3. Hydration and nutrition

Do prepare adequate water to drink, about 500ml to 1L for an hour hike. Prepare adequate snacks and quickbites to ensure proper fuelling. Bananas, breakfast bars or onigiri are some of my favourite packs.



4. Insect repellants

Use insect repellants to avoid mosquito bites. Wear long sleeves and long pants to avoid unnecessary exposure and also for sun protection. The risk of vector-borne diseases is still present during these adventures.

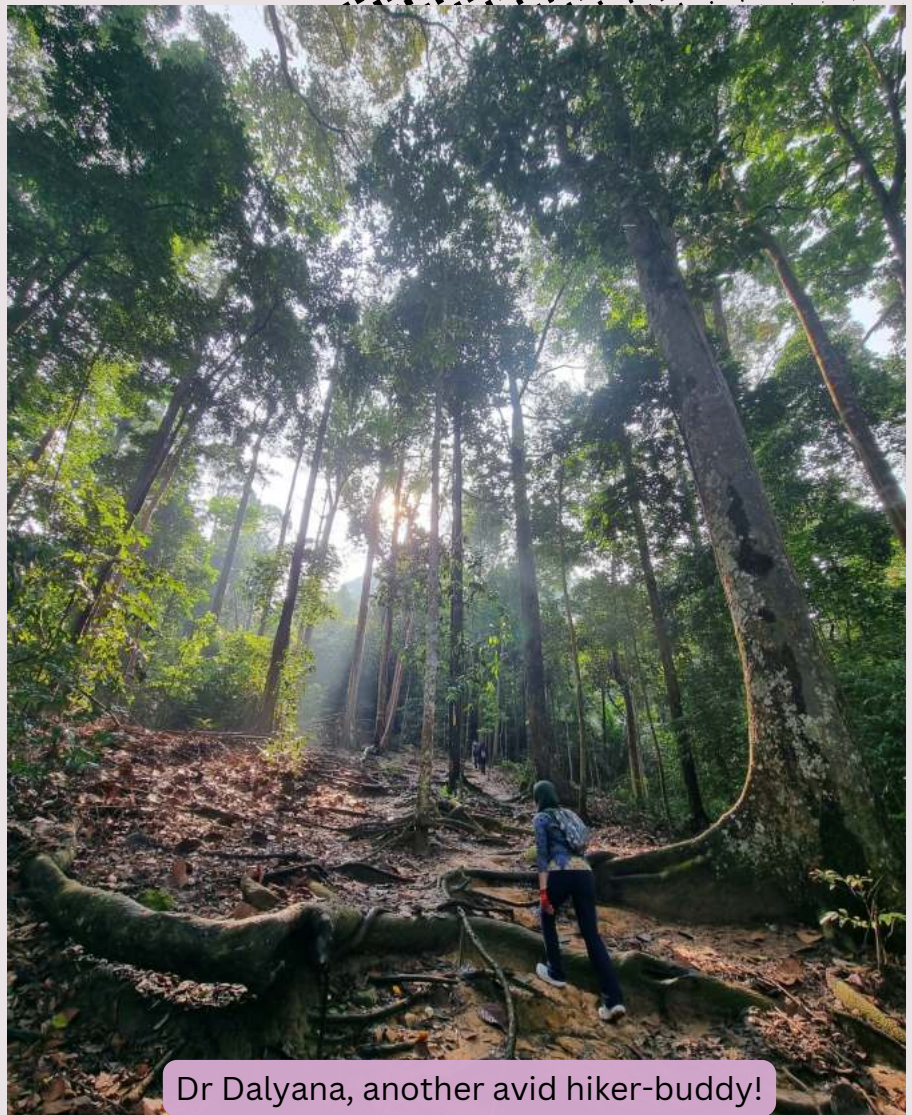
4. Trail map, GPS tracker

Make it a good practice to have a rough idea where you are heading to. A lot of apps such as AllTrails & Komoot that can provide a trail map of common hiking areas. Another option is to have a guide, or someone familiar with the route to bring you along.



Hiking trains resilience and promotes delayed gratification as I feel a sense of achievement once I reached the peak. Personally I think more often than not, it provides a sense of reinforcement to myself that I could overcome hard challenges in life once I have conquered the hike too.

Connectedness to the surrounding allows me to practice mindfulness therapy to the plethora of sounds and sights of nature.



Dr Dalyana, another avid hiker-buddy!



I encourage everyone to try “forest therapy” in our hidden gems in Selangor and Klang Valley. Engaging in physical activity while in nature does not burn a hole in your pocket while provides a refreshing environment to our routine life.

So, who’s on for a hiking trip?



Dr Nurul Nadia bt Baharum
KK Bukit Cheraiah

A long-distance runner's world

Journey to self-discovery



"Why run?" A question I never thought I'd ponder. My school years painted me as anything but athletic—my only venture into sports involved a feeble attempt at track-and-field for my sports house. Cardio? The closest I got was playing in the school marching band. Call me a band geek, if you will.

My virginal experience as a runner began serendipitously during a stint as the only on-call medical officer in a Melaka health clinic. Faced with ample free time, I found myself lacing up my running shoes and exploring the nearby park almost daily

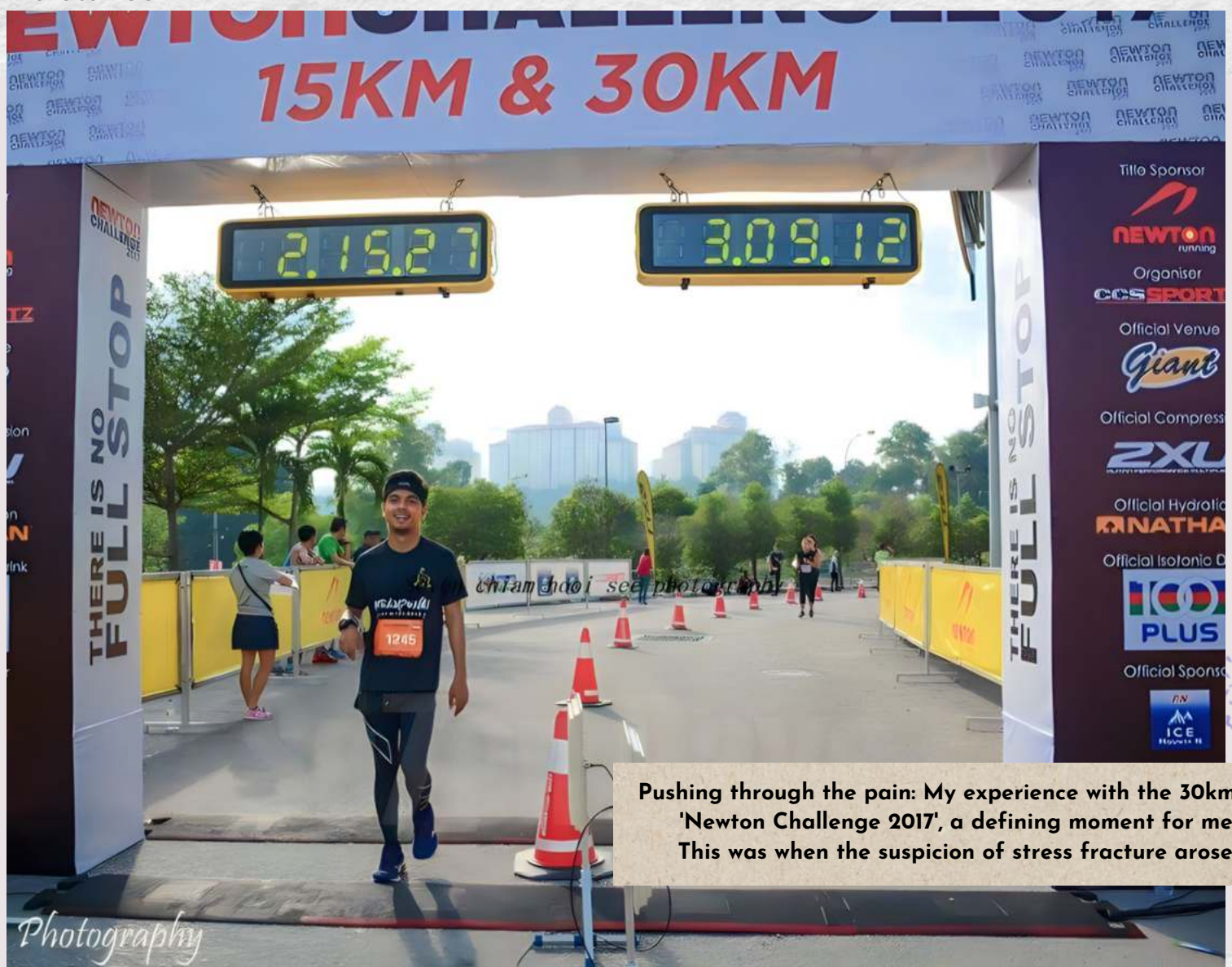
Intriguingly, it was my sister, a dedicated triathlete, who inadvertently steered me towards the world of organised running events whenever I returned to Kuala Lumpur. Witnessing her alongside her triathlon gang fueled my inspiration, prompting me to question if I could undertake similar feat.



A snapshot of my sister and I after completing a 21km race in Kuala Lumpur.

The prospect of sweating, huffing, and puffing through endless kilometers became a reality I had never envisioned. Early wake-up calls at 3 a.m. with a local running club training for a major marathon, and enduring the scorching afternoon sun for long, slow distance runs (LSD) challenged my preconceptions. Some may view it as self-torture; in fact, one of my aunts playfully accused me of harboring masochistic tendencies.

Why did I persist? No, the so-called “runners’ high” is not a myth. You get this dopamine rush after finishing every run. After conquering your first 5 km race, the initial excitement may make you momentarily overlook that you have committed to your first full marathon—covering a challenging 42.195 km distance.



My dedication to running reached new heights, with almost weekly race participation, until a setback in 2017—I sustained *bilateral* medial tibial stress fracture. Deemed a consequence of overenthusiastic running, the sports physician called it "too fast, too long, too soon," a lesson in the perils of overzealousness.

Yet, my passion endured despite the injury and a hectic schedule, defying the elusive "work-life balance" mantra. I pushed myself towards recovery and got back on my feet as soon as the pain was gone.

Running's allure lies in the camaraderie of clubs, bridging connections across diverse professions. Banking, design, law—training together introduced me to a different set of people with similar interest.



Together with my running club as underdogs, we bagged a third place in an ultra relay event!



Being in a running club is like being part of a close-knit family. Running together, we've become friends who share a special bond that's hard to put into words. It's something rare and wonderful that happens when people come together, especially at this stage of life. We've found strength in each other and learned in abundance along the way.



Unexpectedly, running tapped into my competitive spirit, surpassing seasoned runners I once deemed unbeatable. The sport also instilled in me commitment and discipline. Clocking 5-10 hours weekly, grounding my steps, accumulating mileage became a ritual towards preparation for the challenge of marathon races.

As family physicians, we are taught that cardio exercises, like running, positively impact mental health. I can attest to the liberating feeling when my feet hit the road, allowing me to immerse myself in my thoughts (beware of potential inner thoughts leading to existential crises though!)

Finally, the most relatable professional benefit I can think of, is that it becomes second nature when educating patients on a healthy lifestyle. Experiencing the challenges and lapses of motivation in running has deepened my sense of empathy for patients who face obstacles in their “lifestyle modification” passage, compared to before my running experience.



With fellow FMS, Dr Nadia at the 2023 KL Standard Chartered Marathon (KLSCM)



Smiling for the camera at the 2023 KLSCM full marathon event (after a 5-year hiatus from long-distance racing).

Embrace a transformative journey; we can always tell our patients (and ourselves) that it is never too late for physical activity, particularly running—the simplest and most economical mode of exercise. Imagine Oprah Winfrey finishing her first full marathon at age 40, in just under 5 hours.

What is stopping you?

Dr Mohd Hafidzudin b Zainal Abidin
KK Ulu Yam Bharu



WALK IN THE PARK 3.0

09122023



In the fast-paced world where each day is a whirlwind of meetings, analyses, patient care and decision-making, there comes a point when even the most focused minds need a breather. On the 9th of December 2023, a collective decision was made by the Family Medicine Specialist Selangor team to step away from our usual environments and immerse ourselves in the serene embrace of a local park. This unconventional rendezvous wasn't just a leisurely stroll; it was a deliberate choice to tap into the rejuvenating power of nature and explore the untapped realms of creativity.

We often find ourselves confined within the walls of consultation rooms, meeting rooms. and offices. The decision to break away from this routine and venture into a park was a bold move aimed at fostering a more open and expansive mindset.



Away from the constant demands of the workplace. We shared various experiences and created a strong bond among us. The choice of park was tastefully selected. Laughter, shared discoveries, and the common goal of embracing creativity in nature forged connections that would likely have been more challenging to establish in a formal office setting.



The Walk in the Park 3.0 outing with nature at Maya Park Eco Ardance Setia City, Setia Alam, was absolutely an amazing bonding activity.

As we embarked on our walk, the lush greenery, the gentle rustling of leaves, and the breathtaking view of the lake provided a sensory feast that acted as a mental palate cleanser.

Research has shown that exposure to nature can enhance cognitive function, boost problem-solving skills, and stimulate creative thinking – all essential elements for specialists seeking fresh perspectives.

It ended with a continuity of our bonding session by us having breakfast at a local cafe nearby. The relaxed setting provided an ideal environment for us to continue sharing stories, exchanging insights, and strengthening interpersonal bonds. The whole team left feeling recharged, inspired, and grateful for the shared moments that transcended the boundaries of medicine.



DR. SHARMILEE RAMANATHAN
KK PUCHONG BATU 14

PUBLIC TALKS BY FAMILY MEDICINE SPECIALISTS

As Family Medicine Specialists, amidst routine clinic assignments and administrative responsibilities, we consistently dedicate time to engage with the public by providing valuable information. Through radio interviews, television appearances, social media interactions, participation in community health events, and featured speaking roles at national events, Family Medicine Specialists have gained numerous opportunities to impart health education to the public.

**Dr Chang Li Cheng,
KK Kuang**



**Dr Nalini A/P Selvam,
KK Beranang**



**Dr Ong Jue Jing,
KK Kuala Selangor**



THE GOAL IS FOR FMS TO BECOME A RECOGNIZED PRESENCE IN EVERY COMMUNITY, EXTENDING ITS REACH THROUGHOUT THE COUNTRY AND GAINING VISIBILITY ON A GLOBAL SCALE. FLY HIGH, FMSES!

Dr Mohamad 'Ariff Fahmi Bin Ahmad Zawawi, KK Seksyen 19, Shah Alam





Dr Nik Mazlina binti Mohamad,
KK Kelana Jaya



Dr Rupinder Kaur A/P Hardyal
Singh, KK Kelana Jaya



Dr Dalyana Hamid,
KK AU2



Dr Azah Binti Abdul Samad,
KK Seksyen 7, Shah Alam





Dr Norfaridah Binti Masiran,
KK Kampung Bandar



Dr Syazwani Abdul Razak,
KK Kota Damansara



Dr Hafizah Md Salleh,
KK Beranang



Dr Zuzana binti Aman
KK Meru



Dr Anjhana Selvarajan,
KK Hulu Kelang



Dr Siti Nurhani Binti Rafan
Klinik Kesehatan Bangi

PUBLISHED ARTICLES

In the era of evidence-based medicine, publishing a research paper is crucial not only for professional development but also for positively impacting society by contributing to the advancement of knowledge in a specific field. This contribution can lead to new discoveries, technologies, and understanding that ultimately improve people's lives.

Apart from leading in clinics, Family Medicine Specialists also play a vital role in identifying problems arising from our day-to-day work and formulating research to enhance our practices.

(Please scan the QR codes for the full articles)

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

CPG UPDATE

Case scenario: Management of major depressive disorder in primary care based on the updated Malaysian clinical practice guidelines

Uma Visvalingam, Umi Adzlin Silim, Muhammad Muhsin Ahmad Zahari, Firdaus Abdul Gani, Noormazita Mislán, Noor Izuana Redzuan, Peter Kuan Hoe Low, Sing Yee Tan, Masseni Abd Aziz, Aida Syarinaz Ahmad Adlan, Suzaily Wahab, Aida Farhana Suhaimi, Nurul Syakilah Embok Raub, Siti Mariam Mohtar, Mohd Aminuddin Mohd Yusof



Dr Tan Sing Yee
FMS KK Jenjarom

CASE REPORT

Persistent vaginal bleeding secondary to a leech infestation: A case report

Li-Cheng Chang, MMed¹, Jeyaratnam Jeyaprakasam, MBBS², Keng-Yin Loh, MMed³

¹Klinik Kesihatan Kuang, Kuang, Selangor, Malaysia, ²Taylor's Clinical School, Jalan LGSB Off Jalan Hospital, Sg Buloh, Selangor, Malaysia



Dr Chang Li Cheng
FMS KK Kuang

Malaysian Journal of Medicine and Health Sciences (eISSN 2636-9346)

ORIGINAL ARTICLE

Fear of Covid-19 and Burnout Among Healthcare Providers in Malaysia: Is Resilience a Missing Link?

Siew-Mooi Ching^{1,2,3}, Ramayah Thurasamy^{4,5,6,7,8}, Ai Theng Cheong¹, Anne Yee⁹, Poh Ying Ling¹⁰, Irmí Ismail Zarina¹, Kai Wei Lee¹¹, Jun Ying Ng¹², Rofina Abdul Rahim¹³, Mohd Khairi Mohd Noor¹⁴, Chang Li Cheng¹⁵, Ahmad Iqmer Nashriq Mohd Nazan¹⁰, Hafizah Md Salleh¹⁶, Noor Hasliza Hassan¹⁷



Dr Rofina (KK Seksyen 19),
Dr Mohd Khairi (KK Seksyen 7),
Dr Chang Li Cheng (KK Kuang),
Dr Hafizah (KK Beranang),
Dr Noor Hasliza (KK Sg Pelek)



Personalized Approach in Smoking Cessation of a Rural Community Health Clinic in Malaysia

Li-Cheng Chang ^a and Keng-Yin Loh ^{b*}

^a Kuang Community Health Clinic, Jalan Kuang, 48050 Selangor, Malaysia.
^b Taylor's Clinical School, Jalan LGSB, 47000 Sungai Buloh, Selangor, Malaysia.



Dr Chang Li Cheng
FMS KK Kuang

Salim et al.
BMC Medical Informatics and Decision Making (2023) 23:194
<https://doi.org/10.1186/s12911-023-02300-6>

BMC Medical Informatics and
Decision Making

RESEARCH

Open Access

A self-management app to improve asthma control in adults with limited health literacy: a mixed-method feasibility study



Hani Salim^{1*}, Ai Theng Cheong¹, Sazlina Sharif-Ghazali^{1,2}, Ping Yein Lee³, Poh Ying Lim⁴, Ee Ming Khoo⁵, Norita Hussein⁵, Noor Harzana Harrun⁶, Bee Kiau Ho⁷, Hilary Pinnock⁸ and RESPIRE Collaboration



Dr Ho Bee Kiau
FMS KK Bandar Botanic



EUROPEAN RESPIRATORY journal

FLAGSHIP SCIENTIFIC JOURNAL OF ERS



Views on features of an 'app' to support asthma self-management among Malaysian adults with limited health literacy: a feasibility study

A T Cheong, S G Sazlina, P Y Lee, H Salim, N H Harrun, B K Ho, S Mohamad Isa, N Hussein, N S Hanafi, E M Khoo, H Pinnock
European Respiratory Journal 2022 60: 494; DOI: 10.1183/13993003.congress-2022.494



Dr Ho Bee Kiau,
Dr Salbiah Mohamed Isa (KK
Bandar Botanic)

Happy Tummy Consortium et al.
BMC Pediatrics (2022) 22:714
<https://doi.org/10.1186/s12887-022-03763-8>

BMC Pediatrics

RESEARCH

Open Access

Infant feeding practice and gastrointestinal tolerance: a real-world, multi-country, cross-sectional observational study



Happy Tummy Consortium, Luca Lavallo¹, Nicolas Sauvageot¹, Colin Ivano Cercamondi², Delphine Egli^{2*}, Ivana Jankovic² and Yvan Vandenplas³



Dr Ho Bee Kiau (as part of
Happy Tummy Consortium)
FMS KK Bandar Botanic

RESEARCH

Open Access

Screening for type 2 diabetes and periodontitis patients (CODAPT-My©): a multidisciplinary care approach



Aznida Firzah Abdul Aziz¹, Tuti Ningseh Mohd-Dom^{2*}, Norlaaila Mustafa³, Abdul Hadi Said⁴, Rasidah Ayob⁵, Salbiah Mohamed Isa⁶, Ernieda Hatah⁷, Sharifa Ezat Wan Puteh⁸ and Mohd Farez Fitri Mohd Alwi^{1,9}



Dr Salbiah Mohamed Isa
FMS KK Bandar Botanic

RESEARCH

Open Access

A Malaysian consensus recommendation for the prevention of influenza in older persons



Maw-Pin Tan^{1*}, Zamberi Sekawi², Roslina Abdul Manap³, Rizah Mazzuin Razali⁴, Hazlina Mahadzir⁵, Nordiana Nordin⁶, Kar-Chai Koh⁷, Pui-Li Wong⁸, Kejal Hasmuk⁹, Noor Harzana Harrun¹⁰ and Siti Aisah Mokhtar²



Dr Noor Harzana Harrun
FMS KK Pandamaran

Original Research Article

Practice of Disciplinary Methods and Factors Associated With Belief for Physical Punishment Among Malaysian Parents: Findings From NHMS 2016

Global Pediatric Health
Volume 9: 1–9
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DOI: 10.1177/2333794X221113820
journals.sagepub.com/home/gph
SAGE

Shubash Shander Ganapathy, MBBS, MBA, MPH¹,
Rajini Sooryanarayana, MBBS, MPH, DrPH¹,
Nik Mazlina Mohammad, MBBS, MMed²,
and Rosliza Abdul Manaf, MBBS, MPH, PhD³



Dr Nik Mazlina Mohammad
FMS KK Kelana Jaya

PLOS ONE

RESEARCH ARTICLE

Age and fasting blood sugar levels are associated factors for mindful eating among Type 2 diabetes mellitus patients during COVID-19 pandemic confinement

Nurul Hayati Chamhuri^{1,2}, Noorlailli Mohd Tohit^{2*}, Amirah Azzeri³, Norshamliza Chamhuri⁴, Siti Rohani M. Alias⁵



Dr Siti Rohani Mohamed Alias
FMS KK Kajang

PP017

Re-strategizing Recruitment for a Randomised Pilot Feasibility Trial in Response to the COVID-19 Pandemic

Aida J^{1,2}, Sherina MS^{1,7}, Chai-Eng T^{1,3}, Noor Azimah M¹, Rosliza AM⁴, Chai Nien F⁵, Zailiza S⁶, Nazhatussima S⁷



Dr Nazhatussima Suhaili
FMS KK Ampang



Malays Fam Physician. 2023; 18: 33.

Published online 2023 Jun 8. doi: [10.51866/oa.156](https://doi.org/10.51866/oa.156)

PMCID: PMC10337599

PMID: [37449278](https://pubmed.ncbi.nlm.nih.gov/37449278/)

Development and implementation of a community-based COVID-19 assessment centre in Selangor: A descriptive study

Anusha Manoharan,² Nik Mazlina Mohammad,³ Azah Abdul Samad,³ Dalyana Hamid,⁴ and Zil Azwan Abdullah⁵



Dr Anusha (KK Bandar Botanic)
Dr Nik Mazlina (KK Kelana Jaya)
Dr Azah (KK Seksyen 7 Shah Alam)
Dr Dalyana (KK AU2)
Dr Zil Azwan (KK Pandamaran)

> Nicotine Tob Res. 2023 Jul 19:ntad124. doi: 10.1093/ntr/ntad124. Online ahead of print.

Changes in e-cigarette use, cigarette smoking, and dual use among the youth (13–15 years) in 10 countries (2013–2019) – analyses of Global Youth Tobacco Surveys (GYTS)

Chandrashekar T Sreeramareddy¹, Kiran Acharya², Anusha Manoharan³, Phyu Synn Oo⁴

Affiliations + expand

PMID: 37466212 DOI: [10.1093/ntr/ntad124](https://doi.org/10.1093/ntr/ntad124)



Dr Anusha Manoharan
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Manoharan et al. BMC Infectious Diseases (2023) 23:624
<https://doi.org/10.1186/s12879-023-08612-2>

BMC Infectious Diseases

RESEARCH

Open Access



Facilitators and barriers for tuberculosis preventive treatment among patients with latent tuberculosis infection: a qualitative study

Anusha Manoharan¹, H. Siti Nur Farhana², K. Manimaran², Ee Ming Khoo³ and Wen Ming Koh^{4*}



Dr Anusha (KK Bandar Botanic)
Dr Koh Wen Ming (KK Rawang)

> *Int J Infect Dis.* 2023 Oct;135:77-83. doi: 10.1016/j.ijid.2023.08.003. Epub 2023 Aug 9.

Real-world nirmatrelvir-ritonavir outpatient treatment in reducing hospitalization for high-risk patients with COVID-19 during Omicron BA.4, BA.5 and XBB subvariants dominance in Malaysia: A retrospective cohort study

Ee Vien Low¹, Mohan Dass Pathmanathan², Suresh Kumar Chidambaram³, Wee Ric Kim⁴, Wei Jia Lee⁵, Zhi Wei Teh⁵, Maheshwara Rao Appannan⁵, Shahanizan Mohd Zin⁶, Faizah Muhamad Zin⁶, Samha Bashirah Mohamed Amin⁶, Mastura Ismail⁷, Azah Abdul Samad⁸, Kalaiarasu M Peariasamy²



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J Frailty Aging 2023;in press
Published online August 27, 2023, <http://dx.doi.org/10.14283/jfa.2023.35>

Brief Communication

The Pictorial Fit-Frail Scale Malay Version (PFFS-M): Predictive Validity Testing in Malaysian Primary Care

S.S. Ahip^{1,2}, O. Theou^{2,3}, S. Shariff-Ghazali^{4,5}, A.A. Samad⁶, S. Lukas⁷, U.K. Mustapha⁸, R. Visvanathan^{2,9}

1. Kota Samarahan Health Clinic, Sarawak, Malaysia; 2. National Health and Medical Research Council Centre of Research Excellence, Adelaide Medical School and Adelaide Geriatrics Training and Research with Aged Care (GTRAC) Centre, Faculty of Health and Medical Sciences, The University of Adelaide, Adelaide, South Australia, Australia; 3. Physiotherapy and Medicine, Dalhousie University, Halifax, Dalhousie, Canada; 4. Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, Selangor, Malaysia; 5. Malaysian Research Institute on Ageing (MyAgeingTM), Universiti Putra Malaysia, Malaysia; 6. Shah Alam Section 7 Health Clinic, Selangor, Malaysia; 7. Universiti Malaysia Sarawak, Sarawak, Malaysia; 8. Dengkil Health Clinic, Selangor, Malaysia; 9. Aged and Extended Care Services, The Queen Elizabeth Hospital and Basil Hetzel Institute, Central Adelaide Local Health Network, Adelaide, South Australia, Australia



Dr Azah Abdul Samad
FMS KK Seksyen 7 Shah Alam

> *Asia Pac J Public Health.* 2023 Mar;35(2-3):179-182. doi: 10.1177/10105395231158684. Epub 2023 Feb 28.

Barriers to and Facilitators of Asthma Care For Malaysian Hajj Pilgrims: A Qualitative Study

Rizawati Ramli¹, Nik Sherina Hanafi¹, Norita Hussein¹, Ping Yein Lee², Sazlina Shariff Ghazali³, Ai Theng Cheong³, Ahmad Ihsan Abu Bakar⁴, Suhazeli Abdullah⁵, Azah Abdul Samad⁵, Hilary Pinnock⁶, Aziz Sheikh⁶, Ee Ming Khoo¹



Dr Azah Abdul Samad
FMS KK Seksyen 7 Shah Alam

> *Fam Pract.* 2023 Mar 28;40(2):290-299. doi: 10.1093/fampra/cmhc089.

The Pictorial Fit-Frail Scale-Malay version (PFFS-M): reliability and validity testing in Malaysian primary care

Sally S Ahip^{1,2}, Sazlina S Ghazali^{3,4}, Olga Theou^{2,5}, Azah A Samad⁶, Sabrina Lukas⁷, Ummu K Mustapha⁸, Mark Q Thompson², Renuka Visvanathan^{2,9}



Dr Azah Abdul Samad
FMS KK Seksyen 7 Shah Alam

RESEARCH

Open Access



Facilitators and barriers to latent tuberculosis infection treatment among primary healthcare workers in Malaysia: a qualitative study

Siti Nur Farhana H.^{1*}, Anusha Manoharan², Wen Ming Koh³, Manimaran K.¹ and Ee Ming Khoo⁴



Dr Anusha (KK Bandar Botanic)
Dr Koh Wen Ming (KK Rawang)

OBESITY Reviews



REVIEW | Open Access |

The experience of living with obesity for adults in Asian countries: A scoping review of qualitative studies

Nor Akma Yunus , Grant Russell, Rosediani Muhamad, Tze Lin Chai, Mohamad Ariff Fahmi Ahmad Zawawi, Elizabeth Sturgiss

First published: 09 August 2023 | <https://doi.org/10.1111/obr.13619>



Dr Mohamad 'Ariff Fahmi Ahmad
Zawawi
FMS KK Seksyen 19 Shah Alam

ORIGINAL ARTICLE

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

Psychological morbidities among spouses of men with type 2 diabetes mellitus and erectile dysfunction in a primary care setting

Nazeera Fatimah Kalikuljaman, Zuhra Hamzah, Hizlinda Tohid, Noor Azimah Muhammad, Syahnaz Mohd Hashim, Rahmah Kamaludin

Nazeera Fatimah K, Zuhra H, Hizlinda T, Noor Azimah M, Syahnaz MH, Rahmah K. Psychological morbidities among spouses of men with type 2 diabetes mellitus and erectile dysfunction in a primary care setting. *Malays Fam Physician*. 2023;18:44. <https://doi.org/10.51866/oa.333>



Dr Nazeera Fatimah Kalikuljaman
FMS KK Dengkil

TEST YOUR KNOWLEDGE

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

An eight-year old girl with fever and rash: What is the possible diagnosis?

Farhani Samat, Hayaatul Najaa Miptah, Su Eng Hu

Farhani S, Hayaatul Najaa M, Hu SE. An eight-year old girl with fever and rash: What is the possible diagnosis?. *Malays Fam Physician*. 2023;18:55. <https://doi.org/10.51866/tyk.298>



Dr Farhani Samat
FMS KK Tanjong Karang

AWARDS AND RECOGNITION OF FAMILY MEDICINE SPECIALISTS

A chorus of accolades resonates within the community of family medicine specialists as they collectively celebrate a string of well-deserved awards and recognitions. These accomplished professionals have consistently demonstrated excellence in their field, earning commendation for their unwavering dedication, clinical prowess, and compassionate patient care.

The diverse array of honors speaks to the broad impact of family medicine specialists, emphasizing their significant role in promoting health and well-being. This shared achievement not only reflects the individual accomplishments of these specialists but also underscores the collective success of the entire community, setting a commendable standard for excellence in the practice of family medicine.

Congratulations to these outstanding professionals whose achievements set a high standard for excellence in healthcare.



By: Dr Koh Wen Ming
KK Rawang

Second place award in the Oral Presentation Category



Dr Anusha Manoharon, KK Bandar Botanik
Dr Salbiah Mohamed Isa, KK Bandar Botanik
Dr Beatrice Ngee Jee Ling, KK Kampung Bandar
Dr Norasnita Nordin, KK Kapar
Dr Tan Siow Fen, KK Pelabuhan Klang
Dr Ho Bee Kiau, KK Bandar Botanik

Congratulations to Dr. Anusha and team for the outstanding achievement of securing the 2nd prize in the Oral Presentation category with the research title of : Improving the management of Hypertension among Primary Healthcare doctors in the Klang district. A quality improvement Project at the recent 18th Annual Scientific Meeting of the Malaysian Society of Hypertension.

This recognition is a testament to the teams' expertise, dedication, and valuable contributions to the field. Such accomplishments not only bring well-deserved honor but also shine a spotlight on the excellence and advancements within the primary care community. Kudos to Dr. Anusha Manoharan and team for this remarkable accomplishment and for furthering the knowledge and understanding of hypertension in primary care.

First place award in the Oral Presentation Category



**Dr Beatrice Ngee Jee Ling, KK Kampung. Bandar
Dr Anusha Manoharan , KK Bandar Botanik**

Congratulations to Dr. Beatrice and team for winning the first prize in the Oral Presentation category with the research title of : Eating Disorders among Adult Malaysians attending Primary Health Care Clinics, a cross-sectional study at the recent 25th Family Medicine Scientific Conference 2023.

Findings from this research can shed light on the prevalence of eating disorders among adult populations and highlight the importance of targeted screening of eating disorders in daily clinical practice.

Kudos to the team for this outstanding achievement and contributions to this particular field. Your dedication to the betterment of healthcare is truly commendable.

ANUGERAH KHAS

MYNNJ APPS

PAKAR PERUBATAN KELUARGA
NEGERI SELANGOR



MY NNJ Calculator



Dr Nik Mazlina Mohammad, , KK Kelana Jaya
Dr Dr Salbiah Mohamed Isa, KK Bandar Botanik
Dr Juliana Idora binti Abdul Jalal, KK Selayang Baru
Dr Teoh See Wie, KK Salak
Dr Muhammad Jazmi bin Hamid, KK Telok Datok

Congratulations to each member of our outstanding team for the well-deserved achievement of winning the special award at the Kumpulan Inovasi & Kreatif (KIK) Convention.

This award is a reflection of the exceptional talent and passion each of you brings to the table.

Thank you for embodying the spirit of excellence and for making us all proud.

Rising Star in Clinical Trial Research

Dr Noor Harzana

Family Medicine Specialist

*Klinik Kesihatan Pandamaran,
Selangor*



My first exposure to ISR medical research was in 2016, when I became an FMS attached to Pandamaran Health Clinic. The Consultant FMS and Head of the clinic at that time was Dr. Ruziaton Binti Hasim, who was a great mentor to me and ultimately inspired me to be in clinical research. Under her guidance, I had the opportunity to be involved in interventional dengue vaccine studies (2016), pneumococcal vaccine (2018), and transcutaneous bilirubinometer (2019). I was also highly inspired by my supervisors, Prof Dr. Khoo Ee Ming and Prof Dr. Tan Maw Pin during my postgraduate training at Universiti of Malaya because clinical research looks to improve the quality of life for people.

People should take the opportunity to participate in clinical trials because they get to help in contributing to move science forward as part of national contribution. Others participated to receive the newest treatment from clinical trials. Clinical trials also offer hope for many people and improve healthcare services by raising standards of care of treatment and opportunities to help researchers find better treatments for others in the future.

Pandamaran Health Clinic is a great workplace, blessed with a dedicated research team. Despite the difficulties during the clinical trials, we plough through as a team through identifying the challenge and providing solutions. Through clinical trials, we learnt the best practice in clinical documentation as well as good networking with patients, stakeholders, and the community. I would encourage my colleagues to join these clinical trials as it is part of self-development, medical career development and expertise.

Dr Chang Li Cheng

Consultant Family Medicine Specialist

*Head of Clinic
Klinik Kesihatan Kuang,
Rawang, Selangor*



Back in 2013, a senior of mine requested me to take on a clinical trial course. Without giving much thought, I took it on a whim and got the certificate around 2013. However only in 2017 is when I finally decided to dive into this whole new sector of work. As luck would have it, my senior asked me to join her asthma observational study. Under her wing as Co-Investigator, my passion built up even though we only had a 5-man team. My biggest confidence booster would be when each research targets were achieved way before their deadlines. That's when Hospital Selayang's CRC took me as an investigator for their trials.

The thing that motivated me to conduct these trials is my need to serve the community. The heart aching amount of people who still die from dengue every year is the reason why I put myself on the line of clinical trials. Not to mention, I must be a great mom and role model for my son as he aspired to be a scientist. It was paramount for me to let them know that nothing can't be achieved if you have the will.

In a way, clinical trial made me more meticulous in documentation, time management etc. The amount of activities to be performed in accordance to clinical trial protocol is virtually endless. Although it can be daunting at times, they have taught me a lot in terms of designing, arranging, and organizing work. I would recommend my peers to take up clinical research but for those who are not confident, I can always offer a helping hand. By guiding them, I hope to encourage more of my peers, doctors and alike to take part in clinical research. Just imagine the untapped potential of Malaysia's medical sector if all medical facilities have their own clinical research centres all around.

We are thrilled to announce the well-deserved- recognition of Dr Chang and Dr. Harzana who have been featured in the latest edition of Clinical Research Malaysia Bulletin. This honor is an attestation to Dr. Chang and Dr. Harzana's exemplary dedication and contributions to the field of clinical trials research. Their outstanding work not only showcases their expertise as Family Medicine Specialists but also serves as an inspiration to others in the fraternity.

As we celebrate this remarkable achievement, we extend our heartfelt congratulations to Dr. Chang and Dr Harzana for their commitment to advancing the progress of clinical trial research in Malaysia.

RETIREMENT & FAREWELL

As a family, we have grown both in size and strength over the years. We have faced countless obstacles and hurdles, but together, we have supported and helped each other, cried and laughed together. That's exactly what makes us one big family here at FMS Selangor. However, during our journey, we have had to say goodbye to some of our colleagues who have retired, resigned from KKM, or transferred back to their hometowns.

FMS Selangor wishes them well in their new ventures and hopes they will continue making valuable contributions to society. As a whole, wherever we go, we can be a driving force for positive change and betterment.



**DR HUSNI BIN HUSSAIN,
KLINIK KESIHATAN SALAK
("BERSARA WAJIB")**

It is unfortunate that even in the post COVID-19 pandemic era, we still see staff and even colleagues who routinely feel inundated with tasks. They constantly feel behind on their job obligations and also in their life outside of work.

Job-related fatigue, stress and anxiety have become an all-too-familiar part of their daily lives. One thing is certain: burnout is a very real problem. It can cause poor job performance, and subsequently lead to reduced productivity and lower morale. We have to accept the fact that, 'there's never enough time to do everything but there is enough time to do the most important things'.



Working smart is essential to avoid overworking and hence reducing the risk of burnout. Adding this to our daily routine will make us more focused on proper planning before taking on a task, and to ensure that we are aiming for an achievable target.



Besides that, when meeting targets in primary care are the main concern - in the form of 'retens' and numerous quality initiatives - it mainly focuses on output. Basically, this is done as it is easily measurable, however the results produced are only quantitative in nature.

We have to focus our efforts on targets that have a more meaningful impact on behavioural and habitual changes - how we practice or how we are able to improve patient outcomes, community awareness and health practices in order to improve the overall health status of the country.

In order to achieve this, we must revise the numerous output indicators by prioritizing them with initiatives to produce outcome indicators with measurable impact. This needs to be routinely monitored to make sure it is sustainable. Primary-care related KPIs can be made more significant if we could add in the health economics information such as the cost effectiveness and cost benefit.

In conclusion, it is vital to recognize the importance of working smart. Doing so can help prevent burnout and keep us feeling motivated in our everyday life.





**DR NORIZZATI BUKHARY BINTI ISMAIL BUKHARY,
KLINIK KESIHATAN BANGI
("BERSARA WAJIB")**

**"Always be THE BEST...
FMS Selangor awesome"**



**DR CHOW SUET YIN,
KLINIK KESIHATAN TAMAN MEDAN
(Resigned from KKM and joined IMU)**



Family medicine is a specialty field that provides comprehensive and continuous care to every individual irrespective of age, sex, and illness. Having graduated as a family medicine specialist in the Ministry of Health Malaysia (MOH) for the past 9 years, and recently ventured to another platform (private practice), I would like to share a few thoughts, tips and advice on ‘surviving’ (and enjoying) working as a family medicine specialist in MOH.

1) Have that “there is always something new to learn” enthusiasm

I have worked in a few places since I started my primary care journey (Melaka, Sarawak, Kuala Lumpur and Selangor). Every day was an interesting day and the best way to learn is through your patients. Treat every task given to you as a stepping stone to improve your career. I do not regret venturing into different MOH programs given to me as this has helped me get to where I am now.



2) Emotional intelligence (EI) matters more than your knowledge

As I worked longer in this field, I start to realize if one just has the knowledge, you will not go far. Self-awareness of personal strengths and limitations, willingness to take responsibility for mistakes (yes, owning up to your mistakes takes great bravery), ability to self-regulate one’s own emotions, empathy and strong willingness to accept and embrace change are vital skills for a FMS in MOH. Be humble, don’t be “living in the ivory tower”. Get involved with your staff in the clinic and you will see that the staff will be more willing to put in effort when they know that the leader is willing to be a part of their team.

3) Time management and prioritization

As an FMS in the MOH, one must be able to multitask and it can be overwhelming. The tip is to list down the tasks and grade them according to priority. Don't forget to find time to rest and indulge in your hobbies. (For me, it was always baking, cooking and travelling). Sometimes, you just need to say 'No' if you really cannot cope. Learn to delegate tasks but at the same time, be supportive and guide the person whom you have delegated a task to. A good leader will not leave their staff hanging.



4) Never lose your passion!

It is not uncommon to feel 'burnt out' as a MOH FMS. It is okay to say 'I am not okay'. Whenever you are feeling like that, think back on why you decided to choose family medicine as your career. Think of your passion that prompted you to venture in this field. That would keep you going on and on despite all the adversities.

I wish the junior FMSes and my fellow colleagues all the best as 'the world is your oyster'. Family medicine is indeed a rewarding field.





DR HASLINDA BT HASSAN
(Transferred from Klinik Kesihatan Puchong Batu 14 to Klinik Kesihatan Pagoh)

It has been a great pleasure and opportunity working in Selangor. A place where I developed my leadership skills, strengthened teamwork and developed resilience. Best wishes to FMS Selangor, you all have always been and will always be my great supporters and I owe you for that.

At the end, we are FMSes, so do take care of your own health and remember, family first. Look out for each other. Indeed, we are one big family.



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<<< [THANK YOU] >>>

The Editorial Board would like to express its sincere gratitude to all who have contributed both directly and indirectly to the production of this newsletter. Please accept our apologies for any unintentional errors.

We are searching for people to be featured in our next segment of 'Beyond the Stethoscope'. Kindly contact the Editorial Board for any suggestions and recommendations.