



Family Medicine Specialists' Association of
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PRESIDENT'S MESSAGE

Dr Sri Wahyu Taher

Assalamualaikum wbt and Salam Sejahtera to all members of FMSA Malaysia.

It gives me great pleasure to address the fraternity again in this latest edition of FMSA newsletter 2021. The year 2020 has left us eventfully and yet we felt there were very little memories to bring into the year 2021. The year 2020 will be remembered as a tumultuous year scarring our lives in every corner and yet the enormous credibility and tenacity every one of us showed were enormous and exemplary. Thus, before I go further I would like to congratulate each one of you for the courage shown in 2020, for your bravery and resilience combatting the COVID-19 pandemic.

So many things have happened, we were shaken by the pandemic even before the first quarter of 2020 had passed. MCO that was started on 18 March 2020 had led to families being torn apart, our working hours were erratic, the joys of travelling and socializing were hampered and primary care clinics had to change into the new norms to accommodate to the relentless COVID-19 infection in the community. Even the FMS Conference KL 2020 was cancelled like all the others. However, we had fought our way through the hurdles, we became tough heroes and heroines paving the new era of primary care practices and made sure the community is protected and prevented from getting the infection. Despite the significant drop (almost nil) in FMSA income for 2020, we continued to extend support to our members. The hardship had made FMS in Malaysia united in many ways possible to curb the infection and ensuring care for our patients was upheld. Delivery of standard and quality care remain pivotal and essential to minimize untoward negative outcome.



My dear fellow FMS friends, together we are stronger. FMSA will always be with you in better and in worse. Extending support to individual FMS and collectively in any circumstances be it monetary nor physically. Our prayers will always be with all of you and only God can lessen the burden, stress and pressure. Only He will ease our pain. So hold on to our principles and reach out to FMSA when you are in need and we shall emerge into a greater height uplifting the reputation of FMS.

The year 2021 will be another year awaiting us and however I am sure that we are prepared for the challenges ahead. We have matured and Malaysian definitely need us for future health and care. I am confident all of us will sail through in excellence. Good luck and best wishes.



REFLECTIONS IN QUARANTINE

Dr Lim Jean-Li, FMS Klinik Kesihatan Sikamat, Seremban, Negeri Sembilan

Quarantine might be a time of isolation and solitude but it also provided the space and time to reflect and introspect about what I have learnt as a primary care practitioner in the fight against COVID-19.

Facts not fear

At the get go, COVID-19 had caused more panic and fear than any other recent outbreak or pandemic. The novelty and rapid global spread of the virus further amplified this reaction. In primary care, knowledge and evidence is key to quell some of the fears experienced by both the patient and the healthcare worker (HCW) who comes face-to-face with this threat daily. Furthermore, not all facts are created equal. As the world constantly bombards us with a deluge of information about COVID-19, part of our role is to filter this information and debunk myths which may further perpetuate the fear. Some of our colleagues have taken the opportunity to educate the public about the pandemic via TV and radio broadcast. Others have embraced digital media as a platform to disseminate knowledge and be a voice of reason.

It's OK to not feel OK

Initial predictions in early 2020 suggested that this pandemic would come to a close or at least peter out midyear. One year later, we find no signs of COVID-19 abating. Without a doubt, we have been challenged physically, mentally and emotionally. Being gowned up in PPE in warm and humid Malaysia, plus the physicality of preparing and equipping our practices for the new normal is tiring and energy sapping. Like it or not, many of us have been in a persistent state of hyperawareness and vigilance as we go about ensuring COVID-19 doesn't penetrate our clinic's first line of defences i.e triage and SARI/ ILI clinics. Besides that, a handful of our colleagues have been separated from family and loved ones due to the enforced movement control orders and border restriction, thus leading to psychological distress. Not only is our mental health affected, but psychosomatic symptoms can also manifest.

Although the media portrays HCWs as frontline heroes, I cannot help but feel that we sometimes put extra pressure on ourselves to live up to that title. We internalise our distress, hide our fatigue behind PPE, put on a brave smile and soldier on. We might feel ashamed if any form of negative emotions creep up. I feel that it is needful for us to acknowledge and normalise these feelings. As humans we are fallible. We might falter and fall but importantly, we need to pick ourselves up and

know we are in this together for the long term. A variety of mental health and psychosocial support services are readily available for those who need it.

Harnessing the power of community

It's heartening to see the community coming together to support frontliners. In Seremban where I am based, even the local prison inmates brought out their sewing machines to assist with PPE efforts when there was global shortage during the first wave. Remember Norfarrah Syahirah Shaari who operated a sewing machine with her legs? Born without arms, the disability was not a deterrent to help. I believe our practices have been the beneficiaries of community and grassroot-led efforts be it fundraising, procurement of essential items to the simplest initiative of quelling our hunger and quenching our thirst. We are forever grateful for their efforts and contributions. It is imperative that these community contacts and networks be maintained beyond the pandemic. I believe they have the agency to influence the community and promote efforts that lead to better health.

Sharing of resources

During the pandemic, FMSA spearheaded the effort to procure necessary equipment such as tents for their members. Remember FMSA's 'Solidarity with FMS Sabah' campaign? Not only was there financial assistance but also sharing of human resource through the mobilisation of 4 West Malaysian colleagues myself included, to assist and provide some respite to our Sabah colleagues. Besides that, I know of local and personal FMS efforts to assist their Sabah colleagues particularly in ensuring adequate supply of PPE. On the other hand, our Sabah colleagues have done some remarkable pioneering work by developing the Post COVID-19 Follow-up Recommendations for Primary Care. This work has been made available to all FMS and I am sure it will be helpful particularly with the establishment of Covid Assessment Centers (CAC). As they say, 'Team work makes the dream work'. All these would never have been possible without sharing of resources.

I leave you now with my thoughts. When you have the time, do reflect on how this pandemic has impacted your practice and what you've gleaned from it.

Take care and stay safe.

MY EXPERIENCE DURING MOBILISATION OF FAMILY MEDICINE SPECIALISTS FOR COVID-19 CONTROL AND PREVENTION ACTIVITIES IN SABAH, NOVEMBER 2020

DR. FARAH AISHAH BINTI HAMDAN | Family Medicine Specialist | Chemor Health Clinic, Perak



In the month of October 2020, Sabah was experiencing its worst COVID-19 disease statistics with 15,048 total cumulative cases reported. By the end of October, 117 out of 249 COVID-19 deaths in the country (47%) were from Sabah alone.

The burden at the community level was staggering. Human resources were stretched

thin to cover the additional requirements for field sampling and running quarantine centers. Health clinics faced a surge in non-urgent and chronic disease cases when district hospitals were turned into designated COVID-19 centers.

When the call for FMS to be mobilized to Sabah came in early November, it was an opportunity too good to pass up. Having served in Sabah before for two years, I had no qualms about volunteering in a COVID-19 hotbed as I felt familiar with the place. It had been heartbreaking for me to hear stories of my colleagues and former staff in Sabah working long hours, some wearing full PPE the entire day during fieldwork in hot weather and adverse conditions on the ground. Some lived apart from their families and had not seen them since the nationwide MCO in March. I surmised that by helping my colleagues there, it would also be cathartic for me.

Pre-Deployment Preparation.

For this, we needed;

- Physical fitness: Anticipate travel fatigue, have to carry luggage during the journey, walking long distances, for long period without food.
- Mental & spiritual: Challenges to handle unexpected adverse situations, needing good positive coping skills
- Material: Adequate dry food/drink preparations, personal toiletries, work scrubs, PPE.
- Equip with the latest knowledge on COVID-19.
- Ensure duties in own clinic and other official duties in district/ state are adequately covered by other FMS while away.
- Entry requirements to enter Sabah: Interstate travel permission from police, COVID-19 RT-PCR test, and official documents from MOH.
- Pre-deployment briefing from CPRC MOH, liaise with FMS Sabah on expected job scope.

Travelling to Sabah

CPRC MOH had arranged for accommodation at National Institute of Health (NIH) in Setia Alam where we had spent overnight on 9th November hoping to catch the next morning TUDM flight from Subang Airbase to Kota Kinabalu. Unfortunately, there were technical issues, and the TUDM flight had to be postponed to the following day.

The TUDM aeroplane left Subang at 2.00 pm on 11th November. The journey took two hours from Subang to Kuching where there was a stopover for an hour, then it resumed with another two hours to Kota Kinabalu. Having experienced travelling in a military cargo plane before, I was prepared for the loud propeller noise and less-than-comfortable seats. Still, it was unnerving to have several tonnes of PPE cargo staring back at my face the entire journey. The aircraft landed at Kota Kinabalu airport at 7.00 pm, by that time the sun had already set and the grounds were pitch dark. We were greeted by personnel from the Sabah State Department and various other agencies and were transported via vans to our hotels.

Deployment in Tuaran District Health Office.

The next morning, I joined a group of eleven Medical Assistants from Kedah and Kuala Lumpur who were also posted to Tuaran district. Along the way to Tuaran Health Office, we were greeted with a wonderfully clear view of Mount Kinabalu rising majestically above the clouds. It felt like she was welcoming us. At the Tuaran Health Office, we were also given a warm welcome and introduction by the District Health Officer, Dr Noraziah Bakri and her staff. As the doctors were busy with other duties that day, I was asked to help brief the team of MAs on nasopharyngeal swab sampling. They were also given a briefing by the Infection Control staff on proper PPE usage, donning and doffing. Dr Adam, the gazetted FMS in Tamparuli Health Clinic, gave an overview of the management of COVID-19 in the district. The MHPSS officer then gave us a short briefing on psychological health and well-being.

Tamparuli Health Clinic

I was given a hero's welcome at Tamparuli Health Clinic, coincidentally the place where I gazetted as an FMS in 2017. I was overjoyed to see the staff again, although it took all my willpower not to hug them due to physical distancing measures. I met with Dr George, the head of the clinic, and Dr Nasibah, the second FMS. Dr Adam showed me around the clinic, and it felt strange to see the new norms and physical distancing measures in place. He also briefed me on post-acute COVID-19 follow-up.

Activities in Tamparuli Health Clinic:

- Consultation of post-acute COVID-19 patients
- Consultation of non-COVID OPD and emergency cases
- Receive referrals from Medical Officers on OPD, MCH and emergency cases
- Medical Officer case discussion and CME
- Discussion with FMS Sabah (video conference) regarding post-acute COVID-19 flowchart and referral pathway

Post-acute COVID-19 patients that I reviewed during deployment:

Commonly encountered comorbidities:

- Diabetes mellitus
- Hypertension
- Dyslipidemia
- Ischaemic heart disease
- Gout
- Chronic kidney disease
- Bronchial asthma



Post-acute COVID-19 conditions encountered:

- Mental health: Anxiety, PTSD
- Transaminitis
- Acute kidney injury (probable superimposed on chronic kidney disease)
- Respiratory: Exertional dyspnoea
- Musculoskeletal fatigue

Issues during the patient review:

- Repeat Chest X-rays:
- Logistic difficulty for patients to do chest X-rays as the clinic did not have an on-site X-ray imaging facility. Patients were required to go to the nearest district hospital in Tuaran for X-ray imaging (7 km distance)
- Initial chest X-rays during admission for acute COVID-19 were not provided upon discharge, thus unable to make objective comparison with repeat chest X-rays
- Incomplete details in the discharge summary
- Lack of finger pulse oximetry machine,
- Had to share the device with emergency/ treatment room situated in a separate building
- Lack of computers - difficult to follow-up when they return to work



Experience working in Tamparuli Health Clinic

Returning to work in Tamparuli after three years seemed like a homecoming. It felt comfortable to slip back in speaking Bahasa Melayu Sabah and a sprinkling of Dusun language to the patients. The most rewarding part was each time I introduced myself to patients as a mobilised FMS from Semenanjung, they would express their gratitude so warmly that my heart ached. Even patients with

mental health issues post COVID-19 would take a brief moment to thank me for coming to help out in Sabah, even as they were struggling with their own demons.

For some of the post COVID-19 patients, they seemed more comfortable addressing their psychological health with a neutral 'outsider' like me. This was because there was perceived stigma from others when they were diagnosed with COVID-19, especially when the transmission was linked to certain political gatherings during the state election season in September.

Giving motivation and emotional support to the clinic staff was also important. One staff remarked, "*Bah, doktor, kau datang balik ke sini tolong kami, kami rasa lebih bersemangat*". They felt less abandoned when someone from 'outside' comes to help them.

One of the fulfilling aspects of this trip was providing respite for the other specialists. It allowed them to run their visiting clinics or home visits that was postponed due to the pandemic. I also provided extra help in clearing the usual OPD patient load and in receiving referrals from Medical Officers. Even the

MOs were relieved, as the post-acute COVID-19 patients were usually reviewed by MOs substituting from other health clinics in the district.

Post-Deployment

Perhaps the hardest part for me throughout this entire trip was to undergo quarantine for 14 days after returning from Sabah. I checked in at the Grand Millennium quarantine centre in Kuala Lumpur on a cold, miserable, rainy night on 24 November. I was prepared to face the lack of food options and the boredom of solitary confinement.

What I wasn't prepared for was the feeling of helplessness and guilt while I watched my own clinic staff in Chemor battled the surge of COVID-19 during the first week of my quarantine. I tried my best to help them out with computer-

related work, receiving phone referrals and whatever I could do within the confines of my hotel room.

At one point, I felt bitter at the new MOH directive that only came into effect on 25 November (a day after I started quarantine!) which stated that quarantine for 14 days was no longer necessary for travelers from Sabah returning to Peninsular Malaysia. If only the trip had been extended a little longer, I

would have been able to resume working by then. My friends and family have reassured me that the 14 days would be an opportunity for me to take a breather, recuperate physically and mentally, so I tried looking of it in a positive light. It had given me time and space to reflect on many things in my head. It felt like a blessing to have the opportunity to work in Sabah for that brief two weeks. Everyone there had been immensely warm and welcoming even in the face of adversity. It was indeed an honour to serve Sabah again.

WHEN YOUR 'HOUSE' COMES CRASHING DOWN

BY DR SAMUEL WONG, FAMILY MEDICINE SPECIALIST, LONG LAMA HEALTH CLINIC, MIRI, SARAWAK

My first posting after completing gazettement was to Long Lama, a rural area in Sarawak. It was challenging since I was the first family medicine specialist in this clinic. This clinic is about 140km by road from Miri. In June 2020, a land development triggered a silent collapse of the entire clinic frontage (red arrows). It fell on my shoulders to deal with this crisis with aid of my main staff, officers from the Miri Health Division and other agencies.

The first task was to involve the Fire and Safety Department, who concluded that the clinic was unsafe. However, the outpatient and maternal and child health clinics still had to run. Both services were run from the foyer while arranging for a temporary premise. Mentally, the following 3 weeks were tortuous especially when the cracks in the clinic became larger day by day, but the services still had to go on. I had to lobby with the district, division and state

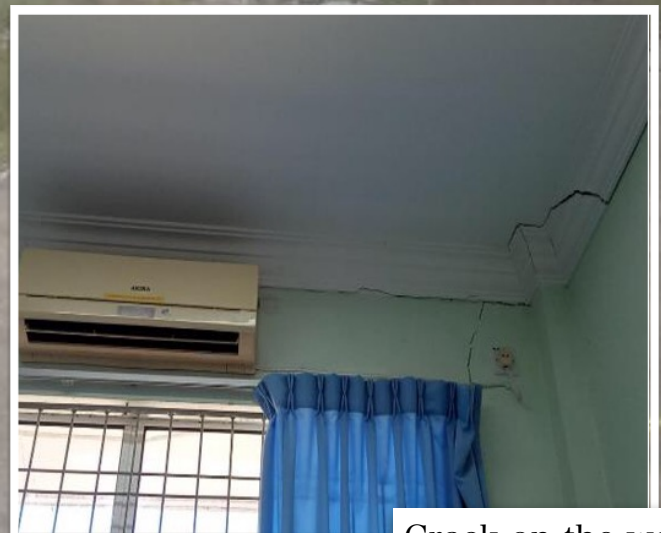


disaster committees and politicians to secure a community hall and funding. With the funding, we shifted out the mobile and non-mobile clinic assets to the hall, away from the

which was 6km away from the clinic. The clinic also garnered RM78,000 from PeKA B40 and thus, purchased mobile partitions & other paraphernalia to provide privacy for our patients. My role included monitoring the safety of the quarters while keeping the staff morale up throughout the crisis. By God's provision, my team and I persevered to deal with the uncertainties ahead while continuing to serve our people.



Temporary Clinic



Crack on the wall

VIRTUAL CLINIC IN THE PRIMARY CARE: ARE WE READY FOR IT?

BY DR SAMANTHA TEH, FAMILY MEDICINE SPECIALIST, KLINIK KESIHATAN SEKSYEN 7, SHAH ALAM, SELANGOR

When my clinic was first invited to participate in telemedicine, in the form of a Virtual Clinic, back in 2019, it felt like both an honour and a burden, if I were to be completely honest. It was challenging to start up a new service with very few resources. We had to scramble to find a suitable quiet space (always a challenge in any government primary health clinic!) and trained staff for consultations (an even bigger challenge!). The initial platform did not endear



us to this task either as we faced constant technical problems and found ourselves becoming impromptu IT support. We did our best but, often ended up frustrated, and frequently had to resort to telephone consultations to salvage our sessions. Initially, we viewed Virtual Clinic as a novelty that was interesting but not really crucial.

Then came COVID-19! Like everyone else, we were caught up in the flurry of screening, testing and referring patients, all while implementing the new norms. This was when we realised the TRUE potential of Virtual Clinic.

We ramped up on our virtual consultations and telephone consultations, especially for our high-risk elderly NCD patients. The reduction in the number of patients visiting the clinic physically helped reduce our clinic congestion and maintain social distancing, aided also by our new online appointment system. A password-protected Google sheet allowed collaboration with the pharmacy to ensure that patients could pick up their medications easily. Patients also had the option of medication being sent to their homes by post. The Virtual Clinic platform was later changed to BookDoc, and this proved more user-friendly for both patients and doctors.

That being said, Virtual Clinic is not a perfect solution.

Firstly, the poor and marginalized community are often left out as they cannot afford smartphones or WiFi. Secondly, issues like poor connectivity and freezing often happen when the internet speed is slow. Language barriers become more apparent when one relies solely on a video call. Patients with older version of phones may also be left behind as they may not be supported by the platform. From a primary health care provider's point of view, it is also more labour-intensive as it takes longer to conduct virtual consultations as compared to face-to-face consultations, thus adding to an already sizable workload.



Team Mobilisasi Bantuan Covid 19 ke Sempoerna

Dr Siti Aminah Binti Akbar Merican, FMS KK Kuala Berang, Hulu Terengganu, Terengganu
Dr Rozimah Binti Abdul Latif, FMS KK Merchang, Marang, Terengganu.



Menyahut seruan untuk bantuan FMS ke Sabah, kami berdua terus memberikan nama secara sukarela. Beberapa hari kemudian, pada 5hb Nov 2020, kami menerima panggilan dari BPKK yang penerbangan kami ke Sabah adalah pada 10hb Nov 2020. Maka dengan penuh rasa bersemangat, niat yang tulus ikhlas, semangat juang yang tinggi menggunung kami menerima tawaran ini, mengenyepikan perasaan sedih untuk meninggalkan buat sementara ahli keluarga yang tersayang. Kami terus menyampaikan berita ini kepada Pejabat Kesihatan Daerah (PKD) kami dan seterusnya kepada pihak Jabatan Kesihatan Negeri Terengganu (JKNT) termasuk Pengarah JKNT.

Persiapan dilakukan dengan pantas, antaranya borang lampiran A untuk ditandatangani oleh PKD, surat kebenaran rentas negeri oleh polis, borang deklarasi saringan Covid19, saringan minda sihat, salinan kad pengenalan dan menyusun jadual kerja di klinik sepanjang peninggalan ke Sabah



7.11.2020

Kami berdua melakukan ujian PCR untuk Covid19 di pusat Kuarantin Marang dan esoknya, keputusan telah pun tersedia, iaitu negatif. Kehadiran PKD bersama di pusat kuarantin walaupun hari tersebut adalah hari minggu amat memberikan motivasi kepada kami.

8.11.2020

Menerima jadual penerbangan dari CPRC KKM dimana kami akan menggunakan penerbangan FireFly bertolak dari Lapangan Terbang Sultan Ismail, Pengkalan Cepa Kelantan, menuju ke lapangan terbang Subang. PKD telah mengatur untuk pengangkutan menghantar kami ke sana.

9.11.2020

Seawal 7.20 pagi, kenderaan PKD Marang telah mengambil kami dari rumah menuju ke Bilik Mesyuarat Utama JKNT bagi mendengar amanat khas dari TPKN Perubatan, yang mewakili Puan Pengarah. Kata-kata semangat serta nasihat2 diberikan kepada kami beserta dengan 5 Pembantu Pegawai Perubatan yang turut serta dalam misi ini. Pukul 9.00 pagi kami bertolak ke Kelantan. Pukul 1.25 petang kami berlepas ke Subang. Di Subang kami di sambut oleh kenderaan yang membawa kami ke NIH Setia Alam dan bermalam di sana.



10.11.2020

Seawal jam 4 pagi, sebanyak sebuah bas, 2 coaster dan 3 MPV kami semua ke Pengkalan Udara Subang. Kami bertolak pada pukul 7.10 pagi menggunakan pesawat Airbus A400, nombor penerbangan RF 182. Kami transit di Kota Kinabalu sebelum tiba di Tawau pada pukul 12.20 tghari. Setiba di Tawau, beberapa kenderaan telah di sediakan untuk membawa kami ke destinasi masing-masing. Kami berdua beserta 19 petugas lain dibawa ke Hotel

Sea fest yang menjadi tempat penginapan kami selama berada di Sempoerna. Pada pukul 7 malam, kami diberikan taklimat oleh PKD Sempoerna, Dr Shameer Khan tentang tugas kami di sana.



11.11.2020-23.11.2020

Tugas kami berdua di sini adalah:

Melihat kes-kes Post-Covid stage 4&5 yang diberikan temujanji susulan di klinik Kesihatan setelah discaj dari Hospital

Melihat kes-kes rujukan FMS UPL/MCH

Menyelesaikan kes-kes konsultasi dari Pegawai Perubatan

Kami dapati sistem TPC telah digunapakai secara sempurna dan ini amat memudahkan penjagaan pesakit secara berterusan. Di klinik Sempoerna ini, kaunter triaging, kaunter demam, kaunter Covid telah dirancang dengan rapi dan masyarakat dapat menerima norma baharu secara baik. Mereka turut mewujudkan kaunter farmasi di luar terutama bagi menangani kes sambung ubat pesakit kronik. Semua anggota juga berpakaian PPE lengkap samada di luar ataupun di dalam klinik, dengan penggunaan *hand sanitation* antara pesakit. Kemasukan anggota ke pantri dan surau juga di hadkan kepada 2 anggota dalam satu masa.

Selain tugas di atas, kami mengambil peluang melibatkan diri dalam pembentangan perinatal

daerah dan kematian Ibu peringkat Negeri. Hasil dari pembentangan ini, kami dapat melihat bahawa sebab utama kematian anak dan ibu adalah lewat mendapatkan rawatan. Berpunca dari masalah pengangkutan, masalah kewangan, masalah kewarganegaraan serta tahap pengetahuan yang kurang tentang kesihatan.

Kami juga melibatkan diri dalam kerja-kerja di lapangan terutama di hujung minggu. Pada 14.11.2020, hari perayaan Deepavali, kami bersama-sama team kejururawatan melakukan Kempen Imunisasi Polio Sabah (KIPS) untuk dos ke 3/4 di Kampung Bangau-Bangau (penempatan atas air), iaitu salah satu Zon Merah Covid19. Apa yang kami dapati, bagi melaksanakan program ini memerlukan motivasi, kesabaran dan energy yang tinggi di kalangan anggota. Aktiviti ini dilakukan dari rumah ke rumah dalam keadaan anggota berpakaian PPE lengkap di bawah sinaran matahari terik. Kanak-kanak dan ibu-bapa kebanyakannya tidak memberikan kerjasama pada peringkat awal dan memerlukan penerangan serta pujukan dari anggota secara berterusan.

Kami juga melibatkan diri dengan aktiviti sampling Covid di Pulau Bum-Bum terletak sejauh 3-5 minit perjalanan bot laju. Aktiviti ini kami dapati perancangannya sangat rapi samada dari segi



peralatan, penglibatan staff dan pemilihan tempat. Ia dijalankan secara setempat dan juga bergerak. Penglibatan pihak polis setempat membolehkan aktiviti ini berhasil dengan pengambilan sampel yang banyak.

23.11.2020

Selesai tugas kami di Sempoerna, dan kami berdua pulang ke Semenanjung pada 24.11.2020 untuk menjalani kuarantin wajib selama 2 minggu, sebelum kami menyambung kembali tugas hakiki kami.



FMS OF SELANGOR TAKING THE CENTRE STAGE IN MAEPS 2.0

BY DR IZWAN EFFENDY BIN ISMAIL, FAMILY MEDICINE SPECIALIST, KLINIK KESIHATAN PUCHONG BATU 14



With the nation's 3rd wave of Covid-19 cases not showing any signs of relenting, Pusat Kuarantin dan Rawatan Covid-19 (PKRC) MAEPS dubbed '2.0', was reinstated. The centre started taking the first batch of patients on the 9th of December 2020. It is headed by Selangor State Health Director, Dato' Indera Sha'ari b. Ngadiman as the Commander, and Dr Shahabuddin b. Ibrahim as the Director.

It comprises of Hall A (1600 beds), Hall B (1220 beds), Hall C (1016 beds) and Hall D (800 beds). MAEPS 2.0 houses males of non-Malaysian citizens (legal and illegal), diagnosed with Category 1 and 2 Covid-19.

The clinical aspect of MAEPS 2.0 is led by Dr. Marzilawati Bt. Abd. Rahman as the Deputy Director I, assisted by two other Internal Medicine Physicians. There is also an Emergency Physician who oversees the triaging process of patients, which is done at the field (based on the above criteria), before arriving at PKRC MAEPS 2.0.

With the addition of Hall E (2004 beds) and further upgrading of Hall A to double decker beds (new capacity of 3000 beds), the Selangor State Health Director mobilized Selangor Family Medicine Specialists (FMS) to assist with the clinical aspects of the patients' management.

On 22nd December 2020, Dr. Izwan Effendy bin Ismail (Klinik Kesihatan Puchong Batu 14) and Dr. Mohd Khairi bin Mohd Noor (Klinik Kesihatan Sekyen 7 Shah Alam) became the first two FMSes to report for duty.



Each hall is divided to red zone (patients' living quarters including toilet and prayer area, treatment room, resuscitation area), yellow zone (nurses' counter, donning area) and green zone (operation and administrative area, staff lounge, staff toilet, staff prayer room, linen room, storeroom for consumable and non-consumable items and medicine). Each hall has People's Volunteer Corps (RELA) teams on duty. Hall D, which houses the illegal immigrants, has Immigration Officers on duty. The whole compound is surrounded by concertina wire and has numerous army (Angkatan Tentera Malaysia, ATM) and police officers (Polis DiRaja Malaysia, PDRM) manning the area. Colonel Dr. Aeriza binti Mohd Yusak, FMS from the armed forces, is the Deputy Director 2. She is in charge of the safety parameters.

A typical day of an FMS on duty at PKRC MAEPS 2.0 starts with a morning briefing from 8.30 till 10am. Clinical and non-clinical issues will be discussed and troubleshooting will be implemented during this briefing. It is also attended by all other inter-agencies.

At the same time, each hall will start issuing discharges. Discharges are usually identified 1-2 days in advance based on the discharge criteria

From 10am onwards, several team members of each hall will enter the red zone, donned in full personal protective equipment (PPE) to review the Category 2 patients. Baseline full blood count (FBC) and C-reactive protein (CRP) are taken for the Category 2 Covid-19 patients and repeated if deemed necessary. Renal profile (RP) and liver function test (LFT) are sometimes taken especially if there is nausea and vomiting. Once completed reviewing patients from Category 2 Covid-19, the Category 1 Covid-19 patients with co-morbidities are seen. The co-morbidities include diabetes mellitus, hypertension, asthma and psychiatric disorders.

While the donning session is on-going prior to entering the red zone, pre-recorded announcements in multiple languages are played, stating that 'health clinic' is on-going.

This is the same concept applied to 'health clinics' running at temporary flood relocation centers, treatment centers at Tanah Suci and at Targeted Enhanced Movement Control Order (TEMCO) areas. Common health complaints encountered are eye complaints such as conjunctivitis, stye; minor aches and pains; skin complaints such as allergic reactions and other skin diseases. As a matter of fact, Hall D experienced a scabies outbreak. Complaints such as fever, cough, dyspnea, chest pain, nausea and vomiting, inability to tolerate orally, lethargy and dizziness are deemed Covid-19 related and if mild, these patients will be upgraded from category 1 to 2.

Patients that progressed to pneumonia (Category 3) and those with pneumonia requiring supplemental oxygen (Category 4) will be admitted to Sungai Buloh Hospital (HSB). One test that will be done to detect exertion desaturation is the 1-minute sit and stand test.

The FMSes will discuss such cases with the on-call Infectious Diseases Physician from HSB for transfer. Besides that, non Covid-19 health related complaints might also be transferred (e.g patient who developed an abscess that required incision and drainage).

'Board rounds' are done in the evening, usually around 3-5pm. By this time, the boards in each hall are updated with the number of Category 1 patients with co-morbidities, and current and new Category 2 patients. Blood test results will be reviewed too.

FMSes from Selangor will be rotated there weekly (2 FMS per week). The attachment is brief

as many FMSes being the sole FMS in their clinics, have to oversee the other aspects of primary healthcare management:

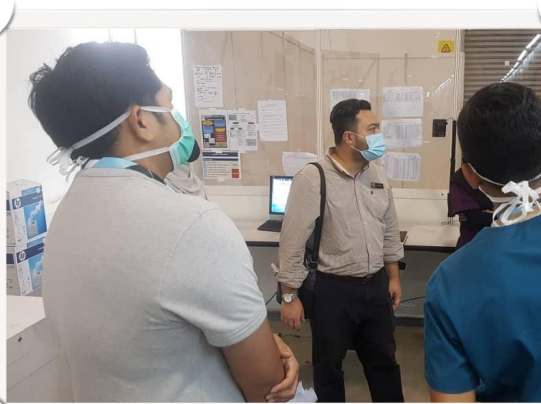
- Clinical aspects of the current quarantine centers
- Daily Covid-19 swab samplings in the respective clinics including over the

weekends and public holidays

- Neonatal jaundice clinics
- Rapid response team (RRT) for Covid-19 patients' transfers
- UTC clinics
- Office hours and after officer hours consultations

FMS Selangor is committed to sending FMSes continuously. Currently, a roster has been drawn up till the end of March.

Special thanks to Dr. Nik Mazlina binti Mohammad (Klinik Kesihatan Kelana Jaya) as the head of FMS Selangor for giving FMS Selangor the opportunity to serve the country in this Covid-19 crisis. Not forgetting, Dr Azah binti Abdul Samad (Klinik Kesihatan Seksyen 7 Shah Alam) and Dr Siti Aisyah binti Abd Majid (Klinik Kesihatan Sungai Buloh), who are acting as the program co-ordinators.



ROLES OF FMS IN ENHANCED MOVEMENT CONTROL ORDER IN KEDAH

Dr. Shakirah Ismail, FMS of KK Taman Selasih

Dr. Artini Abidin, FMS of KK Kepala Batas, Dr. Alyani Mohamad Mohsin of KK Pokok Sena,
Dr. Wan Wahida Wan Mohd Zohdi, FMS of KK Bandar Sg. Petani,

Kedah was one of the states that was hit hard by the Covid-19 pandemic that had required several Enhanced Movement Control Orders starting in 3rd quarter of the year 2020 to flatten the curve. Despite of the unprecedented circumstances, Family Medicine Specialists of Kedah had taken the huge responsibilities of becoming chief and site commanders at the EMCO sampling areas, exiting from their comfort zones. The task was undoubtedly tough and challenging, but with good leadership and teamwork, the mass sampling process had gone through smoothly and the infection rate within the EMCO areas were successfully contained. All residents were prohibited to move in and out of the area and were asked to remain calm and give full cooperation to the police and health authorities. FMS's roles had include planning of the work flow at the sampling site, briefing the staff on their tasks, effective delegation, monitoring of the screening progress and also to handle any unexpected issues along the process.

Several districts in Kedah had undergone the Enhanced Movement Control Orders (EMCO) and targeted EMCO (TEMCO) from August 2020 till December 2020.

TEMCO NAPOH - DISTRICT OF KUBANG PASU

3/8/2020 – 26/8/2020 (5,000 residents were screened)

Site commander: Dr. Artini Abidin, FMS of KK Kepala Batas

Head of Infection Control Team on-site: Dr. Idora Ibrahim, FMS of KK Air Hitam

EMCO AMAN JAYA – DISTRICT OF KUALA MUDA

27/8/2020 – 13/9/2020 (13,000 residents were screened)

Site commander: Dr. Habshoh Hat, Consultant FMS of KK Bandar Sungai Petani

Assistant site commanders: Dr. Wan Wahida Wan Mohd Zohdi, Dr. Hasniza Hasim, Dr. Noriza Wahab and Dr. Haniza Hashim

Head of static clinic: Dr. Zamri Mansor

TEMCO KOTA SETAR (11/9/2020 – 25/9/2020) – DISTRICT OF KOTA SETAR

TEMCO PENJARA ALOR SETAR (6/10/2020 – 19/10/2020)

TEMCO PENJARA POKOK SENNA (11/10/2020 – 7/11/2020)

Site Commander: Dr. Norsiah Md Noor, Consultant FMS of KK Bandar Alor Setar

EMCO MUKIM SG. SELUANG – DISTRICT OF KULIM

27/11/2020-10/12/2020 (6000 residents screened and detected 329 Covid-19 cases)

Chief commander: Dr. Abdul Jamil Ahmad, Consultant FMS of KK Kulim

Site commanders: Dr. Shakirah Ismail, FMS of KK Taman Selasih, Dr. Sarah Nur Alya Mohd Sofian, FMS of KK Padang Serai. Head of static clinic: Dr. Shakiroh Abdul Mokti



FMS of Kuala Muda

Static Clinics

Static clinics were temporary clinics that were set up in the EMCO areas intended for continuation of healthcare for the residents affected by the movement control order. Dr. Zamri Mansor, Consultant FMS of KK Taman Intan and Dr. Shakiroh Abdul Mokti, FMS of KK Lunas were the head of static clinics in Kuala Muda and Kulim

District respectively. The clinics were set up in public facilities such as mosques and schools and had operated daily from 8am to 5pm. Apart from managing



common illnesses, the team in the static clinics had run full range of services including NCD, MCH, home visit and even responded to emergency cases.

Challenges Faced During EMCO

There were many challenges that FMS & the entire health team had to face during the EMCO. One of the most frightening was in Kulim, where healthcare workers had encountered 3 vipers at 1 of the sampling sites, which had happened to be a school that had been closed for quite some time. Fortunately, other frontliners during this pandemic such as the Malaysia Civil Defence Force and RELA were quick to rescue the situation. There was also an incident where a resident had an epileptic episode at the sampling area, luckily with so many experienced healthcare



workers around, the situation was skillfully managed, and the resident was safely transferred to a nearby hospital. In Kuala Muda, the tent that was set up for sampling had collapsed during a heavy rainfall whilst swabbing was ongoing. Thankfully, none of the staff were injured and the tent had been repaired on that night itself as

another huge crowd was expected the next morning. Other challenges included taking sample at home for those unable to come to sampling site such as disabled and bedridden residents and those who did not have transportation means. Being site commanders, FMS did not only have to manage the sampling activities, but also to help

residents with their needs such as food, money and even requests to leave the EMCO area for hemodialysis, hospital appointments and funerals. Though these issues were complex and had required input from other agencies, undoubtedly it had given the FMS of Kedah the most valuable experiences of working closely with the Police, District Office and even the Social Welfare Department.



Solidarity with FMS Sabah: FMSA Donation Drive for Sabah to fight COVID-19

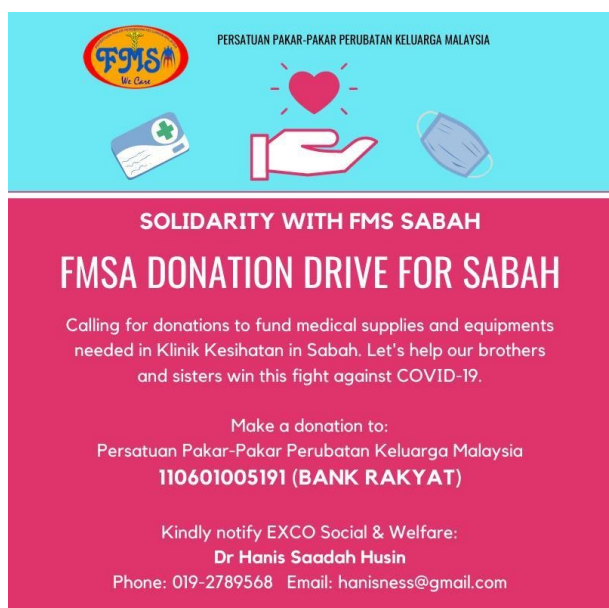
Dr Ahmad Fithri Azam bin Abdul Rahman, FMS Klinik Kesihatan Peringgit, Melaka, Exco Member for Advocacy 2020-2022

In October 2020, there was a sudden surge of COVID-19 cases in Sabah in which a few hundred new cases were reported daily. This development had caused a great impact on healthcare system in Sabah. In order to assist our fellow FMS in Sabah during those difficult periods, FMSA with full endorsement from its current exco members initiated a donation drive to assist 23 health clinics in Sabah to purchase medical and non-medical equipment. Till December 2020, a total amount of RM 40,202.00 was collected from this donation drive.

Each health clinic was allowed to claim up to a maximum of RM 3,000. Among the

purchased medical items were like portable digital blood pressure (BP) machine, BP cuffs for adults and paediatric size, thermoscan, stethoscope, portable pulse oximeter for both adult and paediatric patients. The non-medical equipment purchased were like loudhailer, portable speaker with microphone, walkie-talkie, tent canvas, multipurpose cabinet for PPE storage, industrial fans, air cooler, tables, chairs, canopy etc.

Till date a total claims amounting to RM 52,467.27 have been reimbursed to eligible health clinics in Sabah.



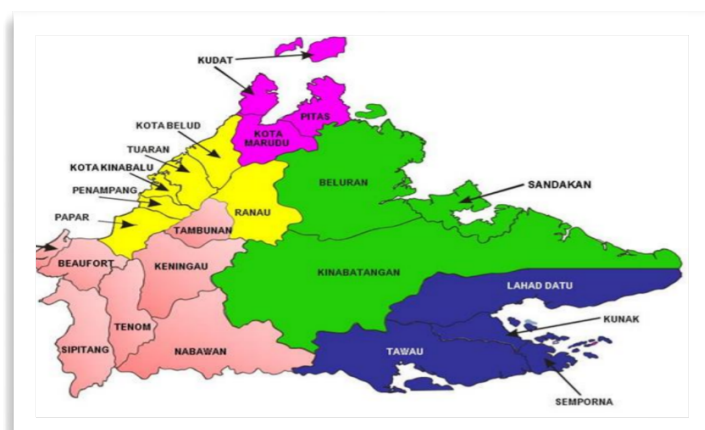
The poster features a light blue header with the FMS logo and the text 'PERSATUAN PAKAR-PAKAR PERUBATAN KELUARGA MALAYSIA'. Below the header are icons for a medical card, a hand holding a heart, and a face mask. The main body is pink and contains the following text:

SOLIDARITY WITH FMS SABAH
FMSA DONATION DRIVE FOR SABAH

Calling for donations to fund medical supplies and equipments needed in Klinik Kesihatan in Sabah. Let's help our brothers and sisters win this fight against COVID-19.

Make a donation to:
Persatuan Pakar-Pakar Perubatan Keluarga Malaysia
110601005191 (BANK RAKYAT)

Kindly notify EXCO Social & Welfare:
Dr Hanis Saadah Husin
Phone: 019-2789568 Email: hanisness@gmail.com





Happy RETIREMENT

- Dr Radziah Jabir, 24.1.2020 - Pakar Perunding Perubatan Keluarga KK Tanglin, Kuala Lumpur
- Dr Sabariah Idris, 31.1.2020 - Pakar Perubatan Keluarga KK Rembau, Negeri Sembilan
- Dr Salmah Noordin, 1.2.2020, Ketua FMS Negeri Selangor, Pakar Perunding Perubatan Keluarga KK Batu 9, Hulu Langat, Selangor
- Dr Yunus Shariff, 5.2.2020 - Pakar Perunding Perubatan Keluarga KK Batu Pahat
- Dato Dr Mohd Ramadan Hashim, 11.2.2020 - Pakar Perunding Perubatan Keluarga KK Temerloh
- Dr Norlizah Madi, 1.3.2020 - Pakar Perunding Perubatan Keluarga KK Kuala Besar
- Dr Mohd Sukarno Saud 9.3.2020 - Pakar Perunding Perubatan Keluarga KK Wakaf Bharu, Tumpat, Kelantan
- Dr Ayob A/L Bahlos, 1.6.2020 - Pakar Perubatan Keluarga KK Kampar, Perak
- Dr Norseha Isnin, 22.8.20 - Pakar Perunding Perubatan Keluarga KK Sultan Ismail, Johor Bahru
- Dr Jamilah Abdullah, 19.9.2020 - Pakar Perunding Perubatan Keluarga KK Pendang, Kedah

CONDOLENCES



CONTINUOUS PROFESSIONAL DEVELOPMENT ACTIVITIES BY FMSA

A. Workshops/Courses

No	Activity	Date	Venue
1	FMSA Workshop	15/08/2020	Le Meridian Hotel Putrajaya
2	Gaining Optimal Asthma Control	12/09/2020	G Gurney Penang Hotel
3	Terengganu FMS Workshop 2020	24/09/2020	Paya Besar, Hotel
4	FMS Perak Workshop 2020: Goal Optimal Asthma Control	24/10/2020	Weil Hotel Perak
5	Optimum Growth & Nutrition in Children	22/01/2021	Raia Hotel Kedah
6	Negeri Sembilan FMS Workshop 2020	05/02/2021	Royal Chulan, Seremban

B. Work-based Learning

No	Activity	Date	Venue
1	The Science to Grow Happy	17/09/2020	Webinar
2	The Science to Grow Happy	26/11/2020	Webinar
3	IDA in Pregnancy: Iron Deficiency Anaemia Revisited!	21/11/2020	Webinar
4	Management of Chronic Hepatitis C in Adults	01/12/2020	Webinar
5	Insulin use in type 2 diabetes – optimizing choices and management	10/12/2020	Webinar

FMS

astro AWANI

KRITERIA PEMILIHAN KETAT, UJI KESELAMATAN VAKSIN COVID-19

Bersama: **DR. SUHAZELI ABDULLAH**
Pakar Perubatan Keluarga

AGENDA AWANI

SELASA 9 FEB 2021 | 9:00 MLM
Tonton di Saluran 501 Astro AWANI dan www.astroawani.com

#PEJARIKANSOSIAL #PATUHSOP

Bersama: **MyHIK ASYIK** **ASyIK FM**

TETAMU MYHIK ASYIK (Bicara Sihat)
12 Januari 2021 (Selasa)
11:30 Pagi

DR. SHAM SU LIA
Pakar Perubatan Keluarga,
Klinik Kesihatan Bandar Tun Razak,
Rompin , Pahang

LIVE SALURAN MY TV 706
FB: ASYIK FM MUAT TURUN APLIKASI MY MOBILE

TOPIK :
Kenali Kusta dan Rawatannya

koresponden BERNAMA

SETIAP ISNIN-JUMAAT 9.00 - 9.30 Pagi

KHAMIS, 23 OKTOBER 2020
KEMURUNCAN DAN BUNYAN DOK APAKAH PUNCA?

FADLY FUAH
Koresponden BERNAMA

PROFESSOR MADYA DR. MOHD. AZIZUL HAKIM MOHD. FADIL
JURU KLINIK PERUBATAN KELUARGA
PEMBANTU PERUBATAN GEMERAI KOTA SETAR

Astro 502, unifi TV 631, myfreeview 121
LIVE YouTube BERNAMA TV

MORONATOR **DR. SHU WAI TO**
PEMBANTU PERUBATAN GEMERAI KOTA SETAR

PENCIKAM **DR. SHU WAI TO**
PEMBANTU PERUBATAN GEMERAI KOTA SETAR

Vaksin Percuma Pneumokokal

21 DISEMBER 2020 (ISNIN) | 08.30 MALAM

LIVE Unit Pendidikan Kesihatan PKD Kota Setar

FB Page : Promosi Kesihatan Negeri Sembilan facebook Live

PENJAGAAN PENYAKIT KRONIK SEMASA PKPB

Ikuti ulasan lanjut bersama **Dr. Iliza Idris**
Pakar Perubatan Keluarga US66
Klinik Kesihatan Ampang
dan **Dr. Mastura Ismail**
Pakar Perunding Perubatan Keluarga
Klinik Kesihatan Seremban

10 November 2020
8:30 Malam

Siaran Eksklusif **Promosi Kesihatan**

#stayathome #WahhahSiYshah

BICARA DR

POSITIF COVID-19: PENGURUSAN KENDIRI

Bersama: **DR. NAZRILA HAIRIZAN NASIR**
TIMBALAN PENGARANG KESEHATAN PRIMER
BAGIAN PENGURUSAN KESEHATAN KELUARGA
KEMENTERIAN KESEHATAN MALAYSIA

KHAMIS | 28 JANUARI 2021
9:00 MALAM

NASIONAL fm
Sentiasa Di Hati

ALFA102

RAWATAN COVID-19 DI RUMAH

KHAMIS | 4 FEBRUARI 2021
10.30 PAGI

DR NOR AZILA MOHD ISA
Pakar Perubatan Keluarga
Kementerian Kesihatan Malaysia

dengarkan sinar

PENGURUSAN KES COVID-19 DI RUMAH

21 JANUARI
07 KHAMIS
:50 PAGI

BERSAMA: **DR. HANISALEH MOHD SALEH**
Pakar Perunding Perubatan Keluarga
Klinik Kesihatan Mengkibol,
Kluang Johor

koresponden BERNAMA

SETIAP ISNIN-JUMAAT 10.00 - 10.30 Pagi

ISNIN, 25 JANUARI 2021
COVID 19 : PENGURUSAN KES DI RUMAH

NURUL HIDAYAH UMOL
HOG Koresponden BERNAMA

DR. HANISALEH MOHD SALEH
Pakar Perunding Perubatan Keluarga
Klinik Kesihatan Mengkibol,
Kluang Johor

Astro 502, unifi TV 631, myfreeview 121
LIVE YouTube BERNAMA TV

SEKUTERA Wanita

JANGAN ABAIKAN IMUNISASI ANAK

13 JAN 2021
12:00 TAPAK

DR. HANISALEH MOHD SALEH
Pakar Perunding Perubatan Keluarga
Klinik Kesihatan Mengkibol,
Kluang Johor

at

IMUNISASI BAYI & KANAK-KANAK SEMASA PKP

SELASA 09 JUN 2020
1.30 PM

DR. HANISALEH MOHD SALEH
Pakar Perunding Perubatan Keluarga
Klinik Kesihatan Mengkibol,
Kluang Johor

DENGARKAN zayan
#IndahDihati

PENGURUSAN KES COVID-19 DI RUMAH

22 JANUARI 2021
07 JUMAAT
= 15 PAGI

BERSAMA: **DR. AZAH BINTI ABDUL SAMAD**
Pakar Perubatan Keluarga
Klinik Kesihatan Seksyen 7 Shah Alam
Kementerian Kesihatan Malaysia

Forum Perdana Ertwal Islam
3 Disember 2020 • 9 Malam • TV1

Vaksin: Terima Atau Tolak?

LIVE Facebook @ RTM

UMMI BASSAM
Lektor & Pengarah Program RTM

UTZAH MOHAMMAD
Pengarah Program RTM

Moh Dengarkan

Bual Bicara FITSINAT:

COVID-19
& Simptom/Gejala
& Peranan Komuniti dalam mencegah penularan COVID19

18 Nov 2020 (RABU) | 10.10 pg

Bersama: **Dr Yong Kui Choon @ Albert**
Pakar Perubatan Keluarga
Klinik Kesihatan Chempu

NEWS

MEDIA





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(KK Batu 9)**

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**Dr Nurainul Hani Shamsudin
(KK Port Dickson)**

TIMBALAN SETIAUSAHA:

**Dr Norafiza Mohd ArIf
(KK Bangi)**

BENDAHARI :

**Dr Wong Ping Foo
(KK Cheras Baru)**

TIMBALAN BENDAHARI:

**Dr Maryem Sokhandan Fadakar
(KK Bandar Tun Hussein Onn)**

EXCO:

**Dr Zainal Fitri Zakaria (KK Senawang)
Dr Hanis Saadah Husin (MSU)
Dr Ahmad Fithri Azam bin Abdul Rahman
(KK Peringgit)
Dr Lee Yeow Siong (KK Selayang Baru)
Dr Nur Amani Ahmad Tajuddin (PPUM)**



All members are welcome to submit articles. Members should adhere to the following guidelines:

- Sharing experiences in primary care (<1000 words, <3 photos)
- Practical tips (<500 words, <3 photos)
- Reflection (< 500 words, <2 photos)
- Hobbies /life after work (<500 words, <3 photos)

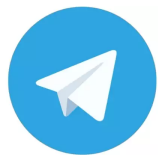
The editorial board reserves the right to edit, enhance or reject articles to maintain the overall flow of the content and style.



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Bangunan Malaysian Medical Association

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