



THE INTERNIST

College of Physicians Malaysia

End-Year 2023 Issue



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As 2023 draws to a close, the College of Physicians of Malaysia declares a highly successful year with various breakthroughs and achievements. We are now in a good position to present a strong united front as an advocate of all physicians to secure the future of the profession in terms of developing a future proof internal medicine workforce which delivers only top quality care within our shores.

Securing the highest quality, best trained workforce of course begins with the training and shaping of medical graduates post-registration with the Malaysian Medical Council. The College has greatly enhanced Malaysia's capacity to deliver the MRCP PACES examinations through our collaboration with the Federation of the Royal Colleges of Physicians, UK by bringing on board new centres including Perlis, Ampang and Kuching to deliver over 300 seats this year, in order that we are able to catch up with the backlog generated over the pandemic. However, we do also recognize that delivering qualifications alone does not constitute training. Hence, the College is now able to declare that we are working closely with the National Postgraduate Medical Curriculum team to contribute to the avid delivery of the Training the Trainers' workshops to ensure that all those contributing to the training of future physicians either through the Masters of Internal Medicine or the parallel programme are appropriately trained for their supervisory roles.



For a second year now, the College has successfully delivered clinical leadership training in collaboration with the Royal College of Physicians, London, supported by their Associate International Director for Asia Pacific, Dr Mo Aye, and International Advisor, Associate Professor Dr Edmund Ong. We are grateful to the highly enthusiastic faculty from Malaysia and UK which has built on last year's inaugural workshop to further enhance the programme, properly embedding the workshop within the CoPM annual calendar. Alongside the delivery of Clinical Audit training, we are delighted that our collaboration with the RCP London has helped cement the College of Physician's role in providing generic skills training for future medical specialists and subspecialists.

The College of Physicians of Malaysia also recognizes that it is its role to create platforms for physicians to meet. The platform provides invaluable opportunities for general physicians and subspecialty trained physicians to update each other on key advances in various areas in internal medicine as well as discuss interdisciplinary collaborations to deliver condition specific services rather than specialty specific services. The provision of mentorship and networking opportunities for budding physicians is also generated through our annual scientific congress. Our collaborations with the Malaysian Advance Acute Internal Medicine and Ultrasound Society (MAAIMUS) to deliver bedside ultrasound training also helps delivery our mission towards ensuring that the physician fraternity moves with the times and delivers appropriate 21st century care.

Stepping into 2024, we would like to call upon our current and future members to play an active role within the College by participating in one or more of our various projects. The College currently works to ensure a balanced representation within the Malaysian Medical Council Subspecialty Committees for Training and Evaluation, award subspecialty specific Continuing Professional Development points, support training the trainers' programmes, coordinate MRCP PACES, deliver generic skills training, organize annual scientific meetings, advocate for the physician profession as well as preserve the sense of prestige through international diplomacy and peer recognition. Do contact our secretariat through this email address if you are interesting in working with us: secretariat@copm.online

Tan Maw Pin
Honorary General Secretary

Pre-Congress Workshop 16 November 2023



Figure 1. The line-up of mock examiners at the pre-congress MRCP PACES workshop held at the UNIMAS City Campus, Kuching, Sarawak



Figure 2. Dr N Pravind, the organizing chair, briefing the mock examiners at the start of the day



Figure 3. A selfie moment with our President, Datuk Seri Dr Paras Doshi



Figure 4. Dr N. Pravind now briefing the delegates on the programme

Pre-Congress Workshop 16 November 2023



Figure 5. Group photo of all our mock examiners and delegates. It was a full house!



Figure 6. Discussions ongoing outside the examination rooms.



Figure 9. Prof R Letchumanan, immediate past president, doing bit as mock examiner.

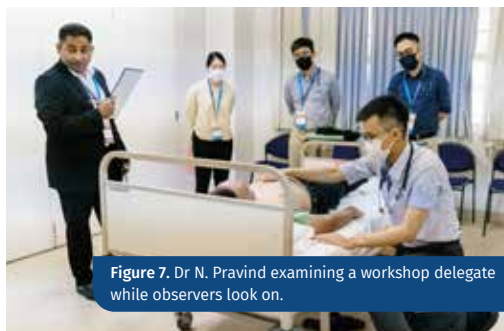


Figure 7. Dr N. Pravind examining a workshop delegate while observers look on.



Figure 10. Another mock examiner in action, passing on some pearls of wisdom to our delegates.



Figure 8. A mock examiner providing some pointers to the delegates.



Figure 11. Contented smiles at the end of the workshop.

Annual Scientific Congress College of Physicians Malaysia Pullman Kuching, Sarawak



Figure 12. The backdrop to the Annual Scientific Congress at the Pullman Hotel, Kuching, Sarawak

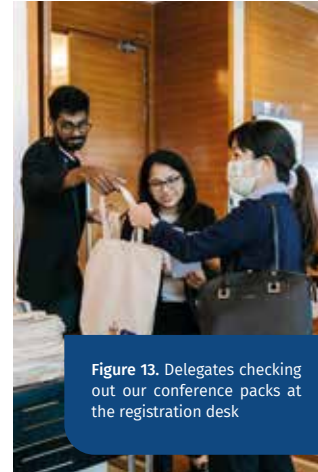


Figure 13. Delegates checking out our conference packs at the registration desk



Figure 14. The Organising Chairperson, Dr N. Pravind addressing the delegates at the start of the first



Figure 15. A well attended event. Over 400 delegates registered for our conference.



The ASEAN Federation of Internal Medicine Presidents' Meeting



Figure 16. The Annual Scientific Congress also hosting the Presidents' Roundtable for the ASEAN Federation of Internal Medicine



Figure 17. College of Physicians Malaysia President, Datuk Seri Dr Paras Doshi addressing AFIM presidents as host of AFIM this year.



Figure 18. Philippines College Representative and Indonesian College President



Figure 19. The President of the College of Physicians of Vietnam



Figure 20. The President of the College of Physicians of Thailand



Figure 21. The College President from Myanmar



Figure 22. The Bruneiian Representative

The ASEAN Federation of Internal Medicine Presidents' Meeting



A Flying Visit from Prof. Datuk Amar Dr Sim Kui Hian at the Start of the Second Day before the Opening Ceremony



Figure 23. The Deputy Premier of Sarawak, Datuk Prof. Datuk Amar Dr. Sim Kui Hian (third from right), making a flying visit at the morning of the opening ceremony.



Figure 24. The CoPM Council Members snatching a fulling robed group photo with the Deputy Premier

Opening Ceremony



Figure 25. All lines up ready to go, led by the foreign college Presidents



Figure 26. The procession enters the main conference hall

Opening Ceremony

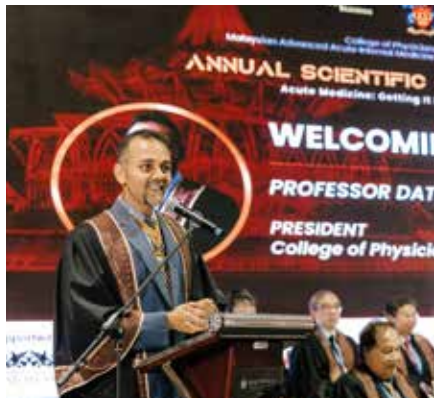


Figure 27. The Opening Ceremony of the Annual Scientific Congress

Honorary Fellowships Bestowed upon Overseas Presidents



Honorary Fellowships Bestowed upon Overseas Presidents



Lifetime Achievement Award



Figure 28. Dato Dr Kalwinder Singh Khaira reads out the citation for the Lifetime Achievement Award



Figure 29. The College President, Datuk Seri Dr Paras Doshi, presenting the Lifetime Achievement Award to Datuk Dr Chew Peng Hong in recognition of his life's contribution to the development of medicine in the state of Sarawak

Acute Internal Medicine Workshop, Annual Scientific Meeting 2023

The acute internal medicine workshop was organized by the Malaysia Advance Acute Internal Medicine and Ultrasound Society (MAIMUSS) and held during the Annual Scientific Congress.



Acute Internal Medicine Workshop, Annual Scientific Meeting 2023



Acute Internal Medicine Workshop, Annual Scientific Meeting 2023



Scientific Posters at the Annual Scientific Congress



Joint Winners of the Best Poster Prize (Poster No 24 & 26)



SHARMILAN A/L GANGATHARAN (Poster No. 24) shared the winning prize with TAN SWEE KEE (Poster No. 26), and the 3rd prize went to Dr. Lau Siew Ping (Poster No. 7).

The Khoo Kah Lin Challenge Cup



The Khoo Kah Lin Challenge Cup



A ROAD LESS TRAVELLED

My Journey in Treating Functional Gastro-Intestinal Disorder

by Dr Chuah Seong York

Introduction

Treating Functional Gastro-Intestinal Disorder (FGID) is not as glamorous as performing therapeutic endoscopy and, in general, public hospitals worldwide have their hands full dealing with organic diseases. Hence functional ailments tend to take a back seat. In the middle of 1992, I left UK and the employment of her National Health Service to join University Hospital, Kuala Lumpur. It was the days of Manning criteria (1978).

The Public-Private Difference

Joining the private sector in mid-1996, I noticed that the private GI practice is swamped with patients with FGID and many of them needed endoscopy to re-assure them that there are no structural abnormalities in their GI tract.¹ Very often endoscopies get repeated on very flimsy indications. Perhaps the doctors are at their wits end dealing with these patients. Minor blemishes on endoscopy are blamed to explain the patients away. It was the infancy of the Rome Criteria.

In week 42 of 2000, I did a survey on my own patients for Intercontinental Medical Statistics (IMS) Health Malaysia, the producers of MIMS. I saw 100 patients that week and made 143 diagnoses. 44% were GI diagnoses, 10% fulfilled the criteria for Functional Dyspepsia (FD), 9% for Irritable Bowel Syndrome (IBS) and 8% fulfilled the criteria for both. While this survey remained unpublished, I am heartened to see gastroenterologists now embarking on research on Overlap Syndromes.^{2,3}

Antidepressants OR Neuromodulators

Armed with a passion to inform and educate, I observed that many FGID patients are anxious and or depressed. Hence, I don my general practitioner (GP)'s cap to treat them. I was first introduced to Selective Serotonin Reuptake Inhibitors (SSRI) by my then senior partner, Dr Pang Chok Wang, who had worked in the psychiatric unit, Tan Tock Seng Hospital, Singapore, as a medical officer shortly after his housemanship. SSRIs have a wide therapeutic margin but not all patients respond to them. For my SSRI failures, I initially referred them to my psychiatric colleagues. Through their feedback I learnt that Functional Pain Syndrome could be treated with Duloxetine. I also learnt the difference between **augmentation** and **combination**.

Augmentation involves the addition of a medication that is not considered a standard antidepressant, like an atypical antipsychotic to a typically used antidepressant.

Combination involves using a combination of 2 or more antidepressants from different classes to achieve remission.

Over the years my armamentarium of antidepressants has increased, from Mirtazapine to Vortioxetine to Agomelatine.

Mirtazapine is particularly good for the agitated anorexic insomniacs who have lost weight.^{4,5}

Vortioxetine is non-sedating and is targeted at patients requiring good cognition, especially those who are still actively working. Its only side effect of nausea can be easily overcome by the Itopride and Domperidone which gastroenterologists frequently prescribe anyway.

Agomelatine is a relative clean compound with minimal side effects not to be given only to liver patients.

Beyond Amitriptyline

Many non-psychiatrists use amitriptyline to treat non-psychiatric conditions. For example by:

- Neurologists for headache and migraine
- Pain specialists for neuropathic pain
- Orthopaedic surgeons for chronic low back pain
- Rheumatologists for fibromyalgia
- Gastroenterologists for irritable bowel and cyclic vomiting syndromes
- Gynaecologists for chronic pelvic pain
- Urologists for interstitial cystitis and nocturia due to overactive bladder

And yet many non-psychiatrists do not have the courage to venture beyond amitriptyline. To this end I am proud to say the gastroenterologists have taken the fore front.^{6,7} We now talk about Brain-Gut Axis, Overlap Syndromes and neuromodulators. With so many FGIDs, duration of treatment remains unclear. For this I turn to the Malaysian Clinical Practice Guidelines on Major Depressive Disorder's recommendation of 6 to 9 months after remission is achieved.

Support by Pharmaceutical Companies

I would like to thank Lundbeck and Torrent, pharmaceutical companies not normally associated with the GI fraternity for their support. They have given me ample opportunity to improve my psychiatry through various Continuous Professional Development programmes and the platform on many occasions to speak to GPs and general physicians on FGID.

My Bucket List

My interest in psychiatry has produced an article entitled "Mental Anguish of Non-Psychiatrists Treating Mental Anguish" published in the November 2018 issue of Berita MMA.

On 29th November 2020, thanks to my mentor the Late Professor Emeritus K L Goh's recommendation and permission by scientific committee chairman, Professor Lee Yeong Yeh, I was given the honour to speak to my colleagues at GUT 2020 on "Separating Dyspepsia from Depression".

I suppose the next thing on my bucket list would be to speak to a psychiatric audience on FGID.

Dr Chuah Seong York

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What Is Clinical Leadership And How Can We Embed a Clinical Leadership Culture Into The Future Medical Workforce Within Malaysia?

Dr Ahmad Moolla, November 2023

What is clinical leadership?

Leadership is a complex topic which we observe all around us in every day settings but can be challenging to precisely define. It broadly encompasses a set of behaviours to help collectively align and guide people and organisations to deliver a strategic vision or plan. Within healthcare settings, clinical leadership involves ensuring that doctors and their multi-professional colleagues can efficiently and effectively deliver high quality healthcare to their patients both at an individual level as well as at an organisational level. This can be delivered from formal leadership roles such as Hospital Director or Head of Department but equally importantly, it can also be delivered individually by doctors of all grades both formally and informally as they go about their daily clinical practice activities and related duties.

Why is clinical leadership important?

In general, healthcare organisations that are well run with a good clinical leadership culture deliver better results, for example achieving lower complication rates from surgery, having shorter duration of in-patient stays and demonstrating higher levels of staff satisfaction. The converse is also true in that organisations which are less well run with poorer clinical leadership generally have worse outcomes including morbidity and mortality rates. These organisations also have poorer working environments, for example experiencing challenges such as high rates of bullying, higher levels of sickness absence and higher staff turnover. Ultimately, proficient clinical leadership in healthcare improves working practices and has a direct positive impact on patient safety including through reducing the chances of causing harm to patients.

Who is a clinical leader?

It is important to appreciate that every doctor from House Officer to Senior Consultant is a clinical leader within their immediate professional working environment. This is true from a House Officer leading an emergency on-call team to successfully perform CPR at 2am at night to save the life of a critically unwell patient to the Hospital Director who successfully secures funding to expand a busy Emergency Department. As such, context and situation are important aspects of clinical leadership and all doctors will at times be required to step into the role of clinical leader.



What are the key attributes to being a clinical leader?

Whilst, all doctors need to perform the role of clinical leader at certain times, it is important to recognise that experience, and often the hierarchy and seniority associated with this experience, is of high importance. Clinical leaders understand how healthcare systems work, appreciate the complexities of how to deliver high quality care and are able to proficiently navigate the healthcare environment to deliver desired results both individually and collectively as a team. This experience includes subject specific knowledge of how to practice medicine or surgery and how to best deliver this healthcare, as well as general leadership skills and attributes. These general leadership skills include effective team working, communication, interpersonal skills, compassion, time management, conscientiousness, openness and collaboration.

What are the different styles and models of clinical leadership?

Just as no two individuals are the same, no two leaders are the same. Indeed, successful leaders may take very contrasting approaches to leadership. For example, a naturally extrovert leader who enjoys public speaking may use high profile talks to deliver their vision, engage and to motivate staff, whilst a more introvert leader may prefer to communicate through smaller group discussions and written material. Approaches will also differ based on the circumstances and needs of the service. For example, if an organisation is split over different geographical areas and sites, a hospital director may at times delegate leadership responsibility to trusted colleagues. Importantly, a successful leader will be aware that in order to achieve their leadership vision, they will need to create an appropriate workforce and workplace culture. As part of this, they will need to assemble a reliable, motivated team who jointly share and own this vision and who are able to work together collectively to deliver it. Furthermore, a clinical leader will be self-aware of their personal strengths and weakness and ensure that their senior leadership team is composed of a range of individuals who collectively between them have the necessary skills and attributes to achieve their vision.

How do you develop clinical leadership skills?

Leadership skills are accrued over time and through experience, starting early on in life during childhood well before commencing medical school. Indeed some people appear to innately and effortlessly possess certain leadership qualities! Leadership skills can however be taught, learnt and refined with appropriate supervision, guidance and practice. With support, most doctors are capable of becoming a clinical leader. The support and guidance they need however must be clearly defined as well as delivered within authentic contexts. Explicit clinical leadership learning objectives should be included in all undergraduate medicine curricula as well as incorporated into postgraduate medical education curricula for higher specialist training. These objectives need to be developed and overseen collaboratively by medical schools, the Malaysian Medical Council, the Ministry of Health as well as learned societies such as the College of Surgeons, College of Physicians and Academy of Medicine. Furthermore, doctors need to be given the time and space to appreciate and reflect on the relevance of clinical leadership to their everyday professional practice. As such, clinical leadership training should be viewed by trainers as a core part of undergraduate and postgraduate training and not as an addition to the core syllabus.

Finally, it is vital that trainers appreciate the importance of positive role modelling in education when supervising trainees. Human beings learn through role modelling and generally conform to community norms. This means that both positive behaviours and negative behaviours from supervisors and current clinical leaders will directly influence how the future generation of clinical leaders will behave.

Where can you practice being a clinical leader?

One can practice being a clinical leader through a variety of methods and in various contexts. At both undergraduate and postgraduate level, this can include formal teaching and case studies to showcase examples of good clinical leadership. For example, simulation training with case studies on how to assess the critically unwell patient or how to respond to a patient complaint or clinical error all involve elements of clinical leadership training. There are also a variety of courses regionally, nationally and internationally that provide in depth clinical leadership training, such as the clinical leadership workshop run by the College of Physicians of Malaysia. Most importantly however, it is the situated learning experience – that of learning to be a clinical leader through practicing it on the job – which will allow postgraduate trainees the most authentic experience of learning to be a clinical leader. This however requires proficient, active supervision and mentoring from trainers so that learning opportunities are made explicit, reflected upon and refined over time to support development. One such example may include a Specialist swapping roles with a registrar once a week to allow the registrar to lead a ward round. Importantly, the Specialist will still participate in the ward round and provide specific feedback and guidance at the end of the round.

Finally, for those trainees who are keen to develop a subspecialist interest in clinical leadership, Clinical Leadership Fellowship programmes, similar to the model used by trainees completing Research Fellowship programmes, have been shown to work well. During these programmes, trainees apply to take a period of time out of their core postgraduate specialist training to develop their leadership experience. For example, trainees may work with senior leaders such as Hospital Directors to develop new clinical services at their hospital or at higher levels, such as working with senior leaders from the Ministry of Health to develop national clinical policy. Ultimately, no one method will work for all, but a range of opportunities along with a general recognition amongst current leaders of the importance of developing clinical leadership skills will be required to continue help improve health outcomes for the people of Malaysia.

About the writer

Dr Ahmad Moolla is a UK trained Consultant Physician specialising in General Internal Medicine and in Diabetes and Endocrinology. In 2022 he was appointed as Associate Professor of Medicine at Newcastle University Medicine Malaysia (NUMed), in Johor, Malaysia.

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College Calendar for 2024

The College remains true to its mission to provide training opportunities to develop a professional medical workforce of the highest quality.

Discounts will be offered to all members for our paid events. Please do share our college events calendar and information about upcoming events with colleagues to help ensure our events are able to benefit as many as possible

JANUARY

7th January 2024

244th Council Meeting

20th January 2024

Kerabu Dermatology Meeting, Eastern Regional Scientific Meeting

Weekly Webinar on every Thursday

Gastroenterology & Hepatology

FEBRUARY

Weekly Webinar on every Thursday

Respiratory Medicine

MARCH

4th - 9th March 2024

MRCP(UK) PACES Examination, Kuala Lumpur (Diet 1)

Weekly Webinar on every Thursday

Neurology

APRIL

29th - 30th April 2024

Dermatology Chapter, CoPM 5th Annual Scientific Meeting

Weekly Webinar on every Thursday

Geriatric Medicine

*subject to change

Calendar of Future Events

MAY

5th May 2024

Council Meeting

Webinar on
every Tuesday

Malaysian Osteoporosis Society

Weekly Webinar on
every Thursday

Geriatric Medicine

JUNE

6th – 7th June 2024

Clinical Audit Workshop

9th June 2024

9th June 2024, AGM Meeting

Weekly Webinar on
every Thursday

JULY

26th – 28th March 2024

MRCP(UK) PACES Examination, Penang (Diet 2)

Weekly Webinar on
every Thursday

Cardiology

AUGUST

4th August 2024

Council Meeting

Weekly Webinar on
every Thursday

Paliative Medicine

*subject to change

Calendar of
Future Events

SEPTEMBER

6th September 2024

Clinical Leadership Day

Weekly Webinar on
every Thursday

Endocrinology

OCTOBER

6th October 2024

Council Meeting

Weekly Webinar on
every Thursday

MRCP(UK) PACES Examination, Kuala Lumpur (Diet 3)

Infectious Diseases

NOVEMBER

Weekly Webinar on
every Thursday

Dermatology

TBC

CoPM Annual Scientific Congress 2024,
Hospital Al-Sultan Abdullah - Universiti Teknologi MARA (UiTM)

DECEMBER

8th December 2024

Council Meeting

Weekly Webinar on
every Thursday

MRCP(UK) PACES Examination, Johor Bahru & Kuching (Diet 3)

Acute Internal Medicine

*subject to change

PUBLISH YOUR WORKS WITH US

About the Internist

The Internist is the College of Physicians of Malaysia's newsletter, and we currently publish two volumes per year.

Submissions

We welcome submissions on clinical reviews, opinion pieces, case reports, clinical audits, service development, reports on scientific meetings, etc., which will help inform our readers on the development and issues on internal medicine, psychiatry and rehabilitation.

Submission guidelines

Please submit your manuscripts to secretariat@copm.online. Maximum word count for articles is 3000 words, but we welcome brief reports of 800-1000 words accompanied by photographs. Pictures and figures should be captioned. References if included should be numbered in Vancouver style, with in text citations in numbers with square brackets.