Message from the President

First and foremost, I would like to thank members for electing me as President elect of the Malaysian Society of Otorhinolaryngologists-Head & Neck Surgeon (MSO-HNS) at our 31st Annual General Meeting on 13 May 2011 at the Borneo Convention Centre in Kuching, Sarawak. It is indeed a great honour to be elected to this position and I pledge to serve to the best of my ability. I must also congratulate Dr Yap Yoke Yeow, the retiring president and the exco committee 2010 - 2011 on a successful year and for their commitment and dedication over the past twelve months.

The year 2011 - 2012 has been a special year for our society. Our society has reached its thirtieth (30) birthday in 2011 (1981 - 2011) and has a good foundation which was set up by all past presidents. For the last 30 years, ORL-HNS has undergone a major expansion. We have improved our teaching of ORL-HNS and our service to the public. Our members have increased tremendously in number. The latest total number of our members is 317. In conjunction with our 30th anniversary, the exco has decided to produce a brief history of MSO-HNS evolution. We hope that the book will be ready by end of this year.

I intend to continue the following the activities during my term in office: the 8th Malaysia-Singapore joint Scientific Meeting which will be held in Singapore 2012, MSO-HNS Health Camp 2012, the Annual Scientific Meeting 2013, the 33rd Malaysian Society of Otorhinolaryngologists-Head & Neck Surgeon Annual General Meeting 2013, the 4th Asian Paediatric Otorhinolaryngology Congress 2013, the 5th Malaysian International Otorhinolaryngology Head & Neck Conference 2013.

To improve our CPD activities, MSO-HNS will try to coordinate the activities to avoid overlapping. The idea has been discussed in the exco meeting. This will involve formation of CPD specialty sub-committee for Otolaryngology and Head & Neck/Laryngology.

The key to the continued success for MSO-HNS is the participation of our members. I urge members to get involved in our organization and stay engaged and united. Give your ideas, time and expertise. As an organization, MSO-HNS will only be as strong as the talents and contributions of its collective membership. I would like to extend a special ‘thank you’ in advance to all of the members who will volunteer their time, because of their generosity and expertise, MSO-HNS is a thriving organization. I look forward to an exciting year and interacting with a very special group of individuals!

Working together we can make 2012-2013 another great year!
30 years of spreading infectious smiles in patients with respiratory tract infections¹,²

In an era when bacterial resistance represents one of the greatest challenges to global health, it is reassuring that recent analysis of common respiratory pathogens continue to remain susceptible to AUGMENTIN™.³,⁴

References: ¹. AUGMENTIN ⁵. GSK Copyright Information. ². AUGMENTIN® ⁶. Table: Antibiotics associated with potential respiratory and urinary infections. ³. JUL 2021. ⁴. AUGMENTIN. ⁵. Full prescribing information to be reviewed prior to administration. ⁶. For healthcare and medical professionals only.

AUGMENTIN is contraindicated in patients with a history of AUGMENTIN-associated eosinophilic pneumonia. ⁷. AUGMENTIN is contraindicated in patients who are hypersensitive to penicillins or cephalosporins. ⁸. AUGMENTIN is contraindicated in patients with a history of AUGMENTIN-associated eosinophilic pneumonia. ⁹. AUGMENTIN should be used in combination with anti-tuberculosis agents. ¹⁰. AUGMENTIN is contraindicated in patients with a history of AUGMENTIN-associated eosinophilic pneumonia. ¹¹. AUGMENTIN is contraindicated in patients with a history of AUGMENTIN-associated eosinophilic pneumonia. ¹². AUGMENTIN is contraindicated in patients with a history of AUGMENTIN-associated eosinophilic pneumonia. ¹³. AUGMENTIN should be used in combination with anti-tuberculosis agents. ¹⁴. AUGMENTIN is contraindicated in patients with a history of AUGMENTIN-associated eosinophilic pneumonia. ¹⁵. AUGMENTIN should be used in combination with anti-tuberculosis agents. ¹⁶. AUGMENTIN is contraindicated in patients with a history of AUGMENTIN-associated eosinophilic pneumonia. ¹⁷. AUGMENTIN should be used in combination with anti-tuberculosis agents. ¹⁸. AUGMENTIN is contraindicated in patients with a history of AUGMENTIN-associated eosinophilic pneumonia. ¹⁹. AUGMENTIN should be used in combination with anti-tuberculosis agents. ²⁰. AUGMENTIN is contraindicated in patients with a history of AUGMENTIN-associated eosinophilic pneumonia. ²¹. AUGMENTIN should be used in combination with anti-tuberculosis agents.

For Full prescribing information, please refer to GSK’s website.
Celebrating 30 Years, Moving Forward Together - Message by The Outgoing President

Looking back

The Malaysian Society of Otorhinolaryngologists was officially registered on January 9th, 1981. Thirty years on, and 300-member strong, we are indebted to the pioneers who birthed our Society and toiled to bring us from strength to strength.

In my six years in the EXCO, I witnessed great strides in the life of MSOHNHS. In 2009, Datuk Dr Ku Jiit Singh put us on the map with the 1st Malaysian International ORL-HNS Congress and produced the first Consensus Guidelines in URTI. In 2010, Dr Pua Kin Choo reached out to the public with a national Head & Neck Cancer Awareness Campaign and provided health services for the Orang Asli in Cameron Highland. In 2011, in Kuching, Dr Harvinder Singh led us in playing host to the world with the ASEAN ORL Congress and produced the Consensus Guidelines for Inflammatory Diseases of the Nose. These are but a few of the ‘game-changing’ achievements that have set the standard and provided direction for us.

Today, as a collective body of surgeons of the Ear, Nose and Throat, we are uniquely positioned to impact society positively. This is especially true, for example, in the areas of childhood deafness, obstructive sleep apnea, head & neck cancers, and minimally invasive surgery in difficult-to-reach areas. We realize that there are needs that only we can address, problems that only we have the answers to, and challenges that only we are equipped to surmount. It has been my great pleasure and privilege, therefore, to have led the Society in the last one year, cognizant of these challenges and taking advantage of the opportunities presented to us.

In the last one year

To push the boundaries of our skills and knowledge, we developed together in the Otology Updates, in the 3rd ENT Allergy Certificate Course (led by Dr Ramiza Ramli), the MSOHNHS Retreat in Facio-plastic and Reconstructive Surgery (led by Dr Vincent Tan), the 7th Joint Malaysia-Singapore Meeting (led by Dr Prepageran), the Annual Scientific Meeting (led by Dr Goh Bee See) and as a climax, in the stellar event of the Inaugural Asean Sleep Congress and 4th Malaysian International ORL-HNS Congress led by Dr Jeevanan and his organising committee.

To influence the direction of healthcare we engaged policy makers through dialog with the honorable Minister of Health Dato Sri Liow Tiong Lai and Director-General of Health Dr Hasan Abdul Rahman on critical issues such as screening for OSA in public transport drivers, sleep-study facilities in every state, insurance compensation for sleep surgeries and CPAP head and neck cancer awareness. Dialogs with the MMC on ENT fee schedule revisions were led by Dr Arun Kumar.

To impact the public positively we reached out in public Head & Neck Cancer Awareness and Screening programs in Penang (led by Dr Pua Kin Choo), Miri (led by Dr Doris Evelyn Jong), Kota Kinabalu (led by Dr Halim), Alor Setar (led by Dr Masaany) and Klang (led by Dr Pria and Sushil Brito). The climax of this was the MSOHNHS Health Camp in Bentong (led by Dr Ida Sajaah Sachlin) on 7th January where we screened over 500 members of the public for head & neck cancer. These programs were overall coordinated by Dr Avatar Singh and Dr Rosalind Simon.

To keep us all updated on the on-goings of our fraternity, Dr Irfan Mohammad and Dr Ramiza have given us two issues of our revived ENT Newsletter!

(Continued on page 4)
I am infinitely indebted to my Executive Committee members whose enormous sacrifices made these successes possible. Please join me in congratulating and thanking this tireless team of able and talented leaders. I sincerely believe they have not only been the ‘dream team’ but have been a shining example of how consensus, teamwork and bold execution can make any dream a reality.

I would also like to thank all the members of the Society who have contributed to and supported these programs unstintingly. Truly, together we have made a difference.

Where are we headed?
In my own ‘crystal ball’, I can see many exciting challenges ahead.

We are increasingly sub-specialized and our professional development programs needs to be more focused. The public is far more aware today of options available to them and this presents an opportunity for us to engage them. Policy-makers need our professional advice and we want to see best practices implemented to the benefit of the nation.

On this note, I wish Dr Primuharsa Putra, the incoming President all the best. I have full confidence that he will bring us to greater heights and I urge the Society to fully support him in his plans and program as I do.

We listen to needs. We breathe new life. And we speak boldly! We are E N T.

The Speech & Language section also provides different services for the general public. Patients with various speech impairments, whether adults or children, are often referred to their team for further management.

HOSPITAL TUANKU FAUZIAH - IN FOCUS

By Dr Amirozi bin Ahmad

The ENT Department of Hospital Tuanku Fauziah was founded in 1997. It started with 1 Medical Officer, 2 paramedics and one supporting staff. Fifteen years on, it has expanded to a department consisting of 2 Specialists, 4 Medical Officers, 6 paramedics, 2 Audiologists, 2 Speech & Language Therapists and 3 supporting staff.

It is the only ENT Department in the whole state of Perlis and accepts referrals from the surrounding Health Clinics as well as referrals from the northern part of Kedah. It is situated within the Specialist Clinic block of the hospital and is headed by Dr Amirozi Ahmad and assisted by Dr Zulkifli Hamir Basah.

The ENT Department of Hospital Tuanku Fauziah has been serving the people with diseases of the ear, nose, throat and head and neck. We also provide services for people with communication disorders such as speech, language, voice, hearing and swallowing problems. We have been able to provide these services with the help of our team of dedicated staff.
The Audiology section of the ENT department provides many services such as hearing assessments for adults and children as well as conducting hearing aid trials for patients that need the use of a hearing aid. Another important service being run by them is the neonatal hearing screening for high-risk babies that has been ongoing since 2009. They have been seeing about 15-25 babies per month since the service first started.

The Speech & Language section also provides different services for the general public. Patients with various speech impairments, whether adults or children, are often referred to their team for further management. They are also part of the hospital’s Stroke Team, that are involved in active management of stroke patients. The Stroke Team is very active in providing the services including regularly visiting the patients’ houses. The Fibreoptic Endoscopic Evaluation of Swallowing (FEES) procedure is also commonly done at the ENT Clinic for most of these patients.

The department also carries out various courses and workshops that are open to staff from other departments as well as the surrounding health clinics. All these events are organized in order to increase awareness of ENT problems to help in early detection and prompt management.

Some of the topics that are covered in our courses include General Updates in ENT, Speech-Language Pathology & Hearing Awareness, Tracheostomy Care and Head & Neck Malignancies.

One of our courses held every year is the Speech-Language Pathology & Hearing Awareness Workshop. The main objectives of this workshop are to increase the awareness regarding early detection of speech problems in children and early hearing screening for children as well as neonatal babies at high risk for hearing problems.

On the 13-14th of January 2012, the department had a “Family Day” event at Timah Tasoh Lake Resort in Perlis. The objective of this event was to foster relationships and strengthen bonds between staff and their family members. Various activities were organized for adults as well as children and everyone had a great time.
The 7th Malaysia - Singapore Joint Scientific Meeting was conducted on Sunday, 13th November 2011 at Holiday Inn in Melaka. This yearly event is organized by both the Malaysian ORL society and the Singapore ORL society with each country taking turns to host the event. This provides a platform for the ENT surgeons from each country to strengthen ties and collaboration and to further exchange and share new ideas. There was also a residents section where 3 residents from each country presented their research and the top three were awarded prizes.

This year’s event was very successful and was attended by more than 40 doctors from across the causeway. It started with the welcome address by both presidents, followed by presentations by ENT surgeons; 3 from each country and was followed by the highlight of the event; the residents’ presentation. This was then concluded with prizes for the best 3 residents’ presentation and a speech by Prof Dr Victor Lim. The presentations were very lively with lots of discussion. The 1st prize winner in the resident presentation was Dr Neville Teo with his innovative presentation titled “Development of a micro-clip and application technique for use in laryngeal microsurgery”; 2nd place was a tie with 2 winners, Dr Roslenda Abdul Rahman who presented on “Prevalence of hearing impairment among preterm very low birth weight babies at the age of one year” and Dr Tan Keng Lu: Biofilms “Host Vs Invaders”

The event was concluded with a scrumptious lunch and a promise to meet again next year in Singapore!

The BUTTERFLY EFFECT

Dr Philip Rajan, Dr Rekha Balachandran.
Hospital Raja Permaisuri Bainun Ipoh.

It is said...

a butterfly flapping its wings in China,
...can cause a hurricane halfway across the world

Old Chinese Proverb

One of the most difficult jobs in our profession, is to inform patients that they have cancer. This is even more daunting when the diagnosis is made at an advanced stage and we are left with little in terms of treatment options.

Many people are unaware that as a group, head and neck cancer is the number one cancer group apart from breast cancer in Peninsula Malaysia. In 2006, there were 2,884 cases of head and neck cancers in Peninsular Malaysia, forming the largest cancer group apart from female breast cancer (3,525), followed by colorectal cancer (2,866) and lung (2,048). Among the head and neck cancers, nasopharyngeal cancer is the most frequent, accounting for 1,125 cases in 2003 and 981 cases in 2006. It is the third most common cancer among Chinese males in Peninsula Malaysia. Interestingly the Bidayuh community of Sarawak has among the highest incidences in the world.

In 2007 and 2008 a multi-institutional study of NPC in Malaysia found that more than half of all new cases were diagnosed at stage III and IV of the disease. This is what prompted the idea of using facebook to educate both the public as well as other members of the medical profession to recognize the early signs of NPC. In cancer, early detection often means better prognosis and long term survival. This is especially true in NPC where the 5-year overall survival rate reduces from 85% in the early stage to 66% in later stages.

Dato’ Dr Mah Hang Soon , Dr Ch’ng May Lee, Dr Raja Lope and  Dato’ Dr Gurdeep Singh at the Launch of the Facebook Page

(Continued on page 7)
In this modern era, where health information is a mere mouse click away, it seems opportune to use social media networks as tools in the control of cancer. The Internet has many advantages: it is cheap, mostly user friendly and available to the public 24 hours a day. The social media network Facebook (FB) has close to 850 million users worldwide. Considering its popularity and ease of access, Facebook has the potential to raise awareness of NPC and become an effective educational tool.

Using a FB page to educate its users on the early signs and symptoms of a cancer such as NPC has potentially far reaching effects. We created a page/group on Facebook called “Nasopharyngeal Carcinoma Awareness Page”. Contained in this page are video shows in 3 different languages i.e. English, Bahasa Melayu and Mandarin on NPC. Facebook users are encouraged to view them and even “share” the videos on their own Facebook pages. In this way we hope to disseminate information on the causes and symptoms of NPC. The public is also encouraged to answer a quiz which will show how much they have learned from the video.

We sincerely hope that every person who visits this Facebook page will go on to share it with their friends. Together we can create a ‘butterfly effect’ in the digital world. Join us in ensuring every man and woman who has this cancer, recognizes the symptoms early and comes forth for early diagnosis and treatment. Visit us at www.facebook.com/NPC.awareness.
The year 2011 marked an important milestone in the teaching calendar of the Department of Otorhinolaryngology, Hospital Raja Permaisuri Bainun, Ipoh. The fourth quarter of the year saw the launch of a number of inaugural teaching programmes catering for various categories of medical professionals.

The workshops conducted included the following:

1) Primary Care & ENT Symposium; 9 Oct 2011
2) 1st Ipoh FESS Course; 14-16 Oct 2011
3) ENT in Primary Care Workshop; 31 Oct-1 Nov 2011
4) Varico Masterclass – Foundation; 19 Nov 2011

**ENT in Primary Care**

The ENT in Primary Care programme was specifically designed to strengthen ENT management at primary care, conscious of the fact that many of our young doctors have limited exposure to ENT diseases and come from varied training backgrounds.

**Picture handbooks and DVD’s**

A series of handbooks on Otology (Ear), Rhinology (Nose) and Head and Neck Diseases were published, pooling the experience of a number of senior specialists. The handbooks rich in pictures, flow-charts and simple explanations will serve as useful guides and quick reference for doctors in primary care. The accompanying DVD demonstrates how common procedures are performed.

**Advances in Imaging**

The participants were shown digital otoscopes and endoscopes which provide clearer images compared to traditional equipment and enhance the ability of the clinician to make a diagnosis.

**Innovation**

A specially constructed model of the human face was designed by the department together with the Occupational Therapy Unit to teach participants how to perform nasal packing.

**‘Hands-on’ Practical Sessions**

Practical workshops were incorporated into the programme to train the participants how to handle emergencies.

**Participants**

The programme drew approximately 100 participants, a large number of whom were house-officers. Specialists Dr Avatar Singh, Dr Lina Ling, Dr Sanjay Gudwani and Dr Geetha Kasturia from Hospitals Taiping and Teluk Intan assisted in the teaching and training.

Dr Harvinder showing the participants what a turbinate looks like

Demonstrating ‘nasal packing’ for epistaxis
HEAD & NECK CANCER SYMPOSIUM 2012 IN HOSPITAL AMPANG

By Dr. Shahrul Hitam, Course Director

The ORL-HNS Department of Hospital Ampang just concluded its Head & Neck Cancer Symposium from the 10 to 11th May 2012. The symposium was an overwhelming success, with participants attending from all over Malaysia.

This 2-day symposium emphasized all the latest advances in the management of the head and neck cancers and also a comprehensive evidence-based multidisciplinary approach for the management of head and neck cancers.

The distinguished invited faculty included both local and international speakers who were willing to spend and share their valuable knowledge and vast experiences in managing head and neck cancer patients.

The highlight of the symposium was a panel discussion where a variety of cases were presented and discussed by our faculty with interaction from the participants. Our international speakers included Professor Christopher Goh, Dr. Jeeve Kanagalingam and Dr. Chris Hobbs from Singapore.

I would like to express my extreme gratitude to my Head of Department, Dr. Sushil Brito-Mutunayagam, and ORL staff for their unstinting support, diligence and commitment to make this event a success.

HEAD & NECK CANCER AWARENESS IN KLANG

Dr. Sushil Brito-Mutunayagam

MSO HNS with the Department of ORL Hospital Tengku Ampuan Rahimah Klang headed by Dr Pria organized the MSO-HNS Oral, Head & Neck Cancer Awareness Program at the hospital auditorium on 2-11-2011. The aim of the programme was to promote awareness of Head & Neck Cancers with the Public and encourage early detection of Head & Neck Cancers. The Klang ORL surgeons did a great job by putting up an exhibition for the public, conducting a public forum and exhibitions at the hospital entrance with free Cancer Screening.

A total of 250 people attended the awareness programme. Those who needed further evaluation were sent to the Department of ORL Klang. The event was also covered by Astro Malaysia. The concept of awareness which is done as a road show will help educate the public. The department intends to run more programs like this in the future.
Some say that we were given two ears but only one mouth so that we should listen twice as much as we talk...

...Others say we were given two ears but only one mouth because listening is twice as hard as talking...

This May marks the 85th anniversary of Better Hearing and Speech Month (BHSM). Not many are aware that this month is dedicated to raising awareness about communication disorders and to promoting treatment that can improve the quality of life for those who experience problems with speaking, understanding or hearing.

In Malaysia, this awareness programme was first launched in 2009. The year 2009 was particularly significant for Otorhinolaryngology services, Ministry of Health Malaysia in addressing hearing and speech disorders. In 2009 the findings of the National Hearing and Ear Disorders survey was published by the Institute for Public Health, Ministry of Health, Malaysia. The survey found 1 in 5 Malaysians had some form of hearing loss.

The National Cochlear Implant Programme from the Ministry of Health Malaysia, initiated in 2008 published its formal cochlear implant service, operational policy in 2009. To date more than 100 deaf patients have received a cochlear implant from this programme. Guidelines for high risk neonatal screening for use in Ministry of Health hospitals was published in the second half of 2009.

(Continued on page 11)
The National Registry for Hearing and Otology Related Disease/ Cochlear Implant was started in 2009. It started off with five hospitals. The number of participating hospitals continue to grow each year.

**Promoting Better Hearing and Speech**

Despite the progress made, expansion of audiology and speech services is still hampered by a lack of qualified audiologists and speech therapists. However, as more and more graduates are produced locally, in time this will no longer be an issue. Meanwhile existing programmes continue to grow. Universal newborn hearing screening is already practiced in certain hospitals such as Hospital Sultanah Bahiyah, Alor Setar. Later this year, clinical practice guidelines on otitis media with effusion will be available. Nationwide promotion of the guidelines, which will follow the launch, will further increase awareness among primary care practitioners on the importance of early detection of hearing and speech disorders. In addition to this the MyHealth Portal, Ministry of Health contains regularly updated information on common hearing and speech disorders.

Guidelines for High Risk Neonatal Hearing Screening

HRPB Ipoh participating in the registry, 2011

Launching of “Better Hearing and Speech Month” 2012 HRPB Ipoh by Perak State Health Committee Chairman, Dato’ Dr Mah Hang Soon

Staff from the Audiology and Speech Therapy Unit HRPB Ipoh

Participants from the Special Education School at the Better Hearing and Speech, Public Forum, Ipoh 2012

Many forms of therapy are available today to treat hearing and speech disorders. The crucial element for a successful outcome is early identification and intervention.
REPORT: BENTONG HEALTH CAMP

By Dr Ida Sadjah Sadlin

The year 2012 started off with charity activities like the BENTONG HEALTH CARNIVAL led by Dr Ida Sadjah Sachlin, advised by Datuk Dr Kuljit Singh and Dr Yap Yoke Yeow.

The aim of our program remains, to: 1) promote awareness, 2) encourage early detection, and 3) emphasise the growing impact of head & neck cancers to the Malaysian public.

This event was held on the 7th of January 2012 at the Bentong Community Hall. The turnout was of about 550 people. A group of 27 Otorhinolaryngologists and 46 paramedics from Hospital Kuala Lumpur, Hospital Temerloh, Hospital Tengku Ampuan Afzan, Kuantan, Hospital Sungai Buloh, Hospital Sultanah Aminah, Johor as well as University Kebangsaan Malaysia Medical Centre and University Islam Antarabangsa were involved in this “health camp”. The honorable Minister of Health, YB Dato Seri Liow Tiong Lai officiated and launched the 2012 Nationwide Head & Neck Cancer Awareness campaign and pledged his support for this crucial effort.

The aim of our program remains, to: 1) promote awareness, 2) encourage early detection, and 3) emphasise the growing impact of head & neck cancers to the Malaysian public.

Twelve (12) general Otorhinolaryngology (ORL) screening stations managed by doctors and paramedics, 4 endoscopic stations and 2 mobile booths for hearing assessments were running during the event. Two endoscope companies supplied their camera systems namely Carl-Storz and Endodynamics. Perfect Hearing Company provided the mobile hearing screening booths. Health promotion, posters viewing and exhibition were also organized simultaneously and pamphlets and handouts on Head & Neck cancer awareness were distributed during the day. Professor Goh Bee See from UKMMC delivered a talk on head and neck cancers.

(Continued on page 13)
MSO-HNS RETREAT @ PD
By Assoc. Prof. Dr. Vincent Tan, Conference Organizer
MSOHNS Retreat Conference 2011

On 16th-17th December 2011, the MSOHNS organized a retreat conference at Avillion Port Dickson, in Negeri Sembilan. The theme of the conference was Facial Plastic Aesthetic & Reconstructive Surgery, a subspecialty field in Ear, Nose and Throat, Head and Neck Surgery that is gaining more prominence and importance. The topic was chosen with the intention of increasing awareness and interest in facial plastic surgery within our local ENT fraternity, of fostering more camaraderie and forging a closer relationship between the different specialties involved with facial plastic surgery. In addition, it was planned in the picturesque resort of Avillion Port Dickson as a getaway from the hustle and bustle of large cities for all involved. The invited foreign faculty consisted of Dr Peter Lohuis from Netherlands Cancer Institute, an experienced ENT, facial plastic surgeon who is well-trained in head and neck ablative, reconstructive and cosmetic surgeries. It was his first trip to Asia and it decidedly proved to be an eye-opener for him! The faculty also included some local plastic and reconstructive surgeons from HKL, UKMMC and USM. There were definitely ample opportunities for a free exchange of ideas to learn from one another. The conference also featured a local experienced aesthetic physician doing a live demo of filler and botulinium toxin injection on a patient. The two days gathering was packed with lectures covering the different aspects of facial plastic surgery such as rhinoplasty, free flap surgery from basic concepts to how-do-it, facial nerve reanimation, botulinium toxin and filler injections among others. MSOHNS also hosted a sumptuous dinner for all the attending members and their family, who ranged from toddlers to grandparents.

Besides showering in open-air bathrooms in the beautiful rooms built on stilts, all guests were greeted in the early morning by the sounds of waves crashing on the sand...
This year, MSOHNS Annual Scientific Meeting was held on Friday 13th April 2012 at the Hotel Istana in Kuala Lumpur. A total of 11 presenters took part in sharing their research outcomes. The program started with a guest lecture entitled ‘Functional Endoscopic Sinus Surgery- A Modern Surgical Concept?’ by Associate Professor Andreas W Hilger from Ipswich and Norwich University Hospitals, United kingdom. He elegantly presented the history of FESS in a way to answer the key question of his talk ‘is FESS really a new concept?’. Those who attended the lecture felt that this was undoubtedly a session worth-attending.

The meeting is among the best national-level platform for ORL residents to present their thesis work. Here are some of the presented at this year ASM:

- Objective assessment of hearing threshold in dark and light environment (Dr Chew YK)
- Assessment of depression, anxiety and stress in nasopharyngeal carcinoma patients in University Malaya Medical Centre (Dr Tan KL)
- Effect of second generation intranasal corticosteroid on allergic rhinoconjunctivitis (Dr Aneeza WH)
- A study of the change in the severity of apnea immediately after modified cautery assisted palatal stiffening operation (Dr Nur Hashima AR)
- The prevalence of sensorineural hearing loss in beta-thalassemia patient treated with desferrioxamine (Dr Kong MH)
- Role of nasal irrigation by using alkaline nasal solution in allergic rhinitis as an adjunct therapy (Dr Chentilnathan P)
- Ultrasonic scalpel for a bloodless tongue surgery; A case series (Dr Ali YA)

The MSOHNS award for specialist category went to Dr Tang Ing Ping from University Malaya Medical Centre (UMMC). The title of the paper was ‘Epithelial migration of the atelectatic pars flaccida tympanic membrane’.

Dr Andreas Hilger presented a detailed history of FESS.

Dr Tang Ing Ping received the award for specialist category from Prof Andreas Hilger.

We hope to receive more papers next year!
The current practice of assessment, globally is facing the serious challenges of validity, reliability, standard setting and feasibility. The traditional methods of clinical examination as long and short cases and orals are often challenged for their subjectivity leading to unreliability and inadequate content validity. The oral test although comparatively more valid due to face-to-face questions are also less reliable for problems of standardized questions, inconsistent marking and lack of sufficient testing time.

Development of an “objective structured clinical examination” (OSCE) was sought as a solution to these problems. But the fragmented representation of the context in a number of stations in OSCE makes it less authentic for an integrated judgment of performance. Yet another method to thought of, was the workplace-based assessment (WPBA) but it take a snapshot as a predefined attribute of a more complex integrated assessment such as long case. However due to the problem of feasibility it is less likely that high stakes examination as summative assessment, will ever be able to attain workplace-based assessment such as Mini-CEX and DOPS. To be judged as competent at clinical skills not only require students to perform a particular skill, but also to integrate and demonstrate their abilities to communicate knowledge effectively and appropriately and to express appropriate emotions in a clinical setting like a proper clinician (2). Such observation on the part of the examiners needs integrated judgment of overall clinical performance with continuity of the tasks performed (3).

In the context of the current situation the author would like to propose a new format named the “task integrated objective structured clinical examination” or TIOSCE modified from OSCE. However, it is a different version of OSCE in which though the principle concept is the same as that of an OSCE, the continuum of clinical skills work up of the same patient’s is followed through to test multiple short attributes of clinical competences. As it retains most of the favorable features of OSCE it (TIOSCE) also addresses some of the odds features of OSCE.

TIOSCE as Modified OSCE:
TIOSCE is a modified OSCE, which is developed to assess the attributes of complex clinical skills in fragmented but maintained continuum of overall clinical performance demonstrated in multiple structured stations and rated as integrated professional judgment.

TIOSCE may comprise of 15-20 stations of 5 minutes each. The stations can be divided into groups based on sub-specialty with 3-5 stations (see stations 1-5 in the example that follows). Each group covering the multiple attributes of same clinical scenario or patient to test a candidates abilities in history taking, physical examination, analytic reasoning (diagnostic skills), counseling and problem solving (therapeutic or surgical skills) over a range of context developed as TOSECA stations. One examiner will be present at each interactive station with questions to test students analytic clinical reasoning and problem-solving skills (4).
Table 1:

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<td>Time that tumor ulcerated</td>
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Table 2:

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<tr>
<td></td>
<td>2 Examining the FN branch 2 (tight closing of eyes)</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>3 Examining the FN branch 3 (blowing or whistling)</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>4 Examining the FN branch 4 (showing the teeth)</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>5 Examining the FN branch 5 (smiling)</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>Q2A</td>
<td>Obvious deviation of opposite angle of the mouth</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>Q2B</td>
<td>Will have no obvious sign and the deviation of angle of the mouth will appear on smiling or talking</td>
<td>Yes</td>
<td>2</td>
</tr>
</tbody>
</table>

Assessors in TIOSCE rate the performance of a candidate using a checklist with “yes” or “no” options on performance of each item rather than a global rating of 15 Likert scale or A-D anchored rating scale to reduce the subjectivity of evaluation.

Example from “Head and Neck” Subspecialty of ENT Assessment as Five Integrated Stations of TIOSCE:

Station No 1: History Taking in which exhibit as Picture or video is provided (see figure on page 18), which initiates questions that students have to respond to by answering in a sheet provided and marked from 1 to 10 (see table 1).

Station No 2: Physical Examination for which simulated patient is (see figure) provided and the examiner asks questions. Q1. A) Choose the physical examination that concerns you most to decide on surgical management of this lesion and B) demonstrate each step of that examination. Q2. A) What is the sign of mandibular branch of facial nerve palsy and B) how it can be differentiated in a patient with cervical branch palsy. Explain it to the examiner. Checklist and marking scheme provided to evaluator.

Station No 3: Investigations for which exhibit as CT Scan (see figure) and an examiner is provided who ask the candidates to answer these questions.
Table 3:

<table>
<thead>
<tr>
<th>Q. No</th>
<th>Answer/ Performance</th>
<th>Response</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1A</td>
<td>C.T. Scan of the parotid region</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>Q1B</td>
<td>Tissue biopsy from the ulcerated lesion</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>Q2A</td>
<td>Axial view of this C.T. scan shows a well circumscribe homogenous mass arising from the superficial lobe and implicating the deep lobe with no tissue plan seen between the two lobes</td>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>Q2B</td>
<td>Involvement of the deep lobe is to decide on type of surgical procedure on parotid gland</td>
<td>Yes</td>
<td>1</td>
</tr>
</tbody>
</table>

Total checklist score

Evaluator's rating | Outstanding | Pass | Borderline | Fail |
|-------------------|-------------|------|------------|------|

Table 4

<table>
<thead>
<tr>
<th>Q. No</th>
<th>Answer/ Performance</th>
<th>Response</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>The differential diagnoses are:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Muccoepidermoid carcinoma</td>
<td>Yes</td>
<td>1/2</td>
</tr>
<tr>
<td></td>
<td>2. Acinic cell carcinoma/ lymphoma</td>
<td>Yes</td>
<td>1/2</td>
</tr>
<tr>
<td></td>
<td>3. Adenocarcinoma</td>
<td>Yes</td>
<td>1/2</td>
</tr>
<tr>
<td></td>
<td>4. Pleomorphic adenocarcinoma</td>
<td>Yes</td>
<td>1/2</td>
</tr>
<tr>
<td>Q2</td>
<td>Acinar cell carcinoma or lymphoma is the most likely diagnosis with following characteristics</td>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>1. Abundance of acinar cells/ lymphoma</td>
<td>Yes</td>
<td>1/2</td>
</tr>
<tr>
<td></td>
<td>2. Some mitotic figures</td>
<td>Yes</td>
<td>1/2</td>
</tr>
</tbody>
</table>

Total marks scored by the candidate

Q1: Select 2 most important investigations (write as A and B in the answer sheet) and give reasons for selecting those 2 investigations before reaching a diagnosis. Q2: The examiner next will display the CT Scan if the candidate has answered correctly Q1A and will ask to, 2A) interpret the CT scan findings to the examiner and 2B) the examiner must take note of comment or no comment on the deep lobe of the parotid gland. A checklist and marking scheme is also provided to evaluator (see table 3).

Station No 4: HPE, which is presented as slide or picture and an examiner (see figure) who ask the candidates to answer the following questions. Q1: Give your differential diagnosis at this point before proceeding to read the HPE slide/picture. Q2: Read the slide, which shows the histopathological examination and tell the diagnosis. Write three (3) characteristic features that support yours in diagnosis? Answer and marking scheme provided to the evaluator (see table 4).

Station No 5: Surgical management for which exhibit as picture or specimen provided: (see figure). Students respond to questions in a sheet as shown above. Q1: If Acinic cell carcinoma parotid were the diagnosis, what surgical procedure would you like to do in this case?
Table 5:

<table>
<thead>
<tr>
<th>Q. No</th>
<th>Answers</th>
<th>Response</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>Total parotidectomy with excision of involved skin and preservation of facial nerve.</td>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>Q2</td>
<td>Total parotidectomy with following components</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Superficial lobe</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Deep lobe</td>
<td>Yes</td>
<td>1</td>
</tr>
</tbody>
</table>

Total marks scored by the candidate

Q2: Carefully watch the specimen or the picture provided as exhibit and tell the type of parotidectomy performed and the evidences in favor of your answer. Answer and marking scheme provided to the evaluator and 2 marks are allocated for correct answer of Q1 and 1 mark each for 3 components of Q2 respectively. Total 5 marks for station No 5 (see table 5).

References:


Figure: Pictures show patient’s lesion, CT scan, HPE of biopsy and the Specimen
TRULY NON-SEDATIVE

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- Truly Non-Sedative
- Strong efficacy in relieving symptoms of AR and CIU
- Non-sedative and non-impairing even at supratherapeutic dose
- Fast relief within 30 minutes
- No dosage adjustment in special risk groups


ABBREVIATED PRESCRIBING INFORMATION

Trade Name: Telfast Action Ingredient: Fexofenadine Hydrochloride PHARMACOTHERAPEUTIC CLASS: Third generation non-sedating H1 antihistamine DOSAGE FORM AND STRENGTH: Tablet, Fexofenadine HCl 180mg INDICATIONS: Telfast 180mg is indicated for the relief of symptoms associated with chronic idiopathic urticaria and allergic rhinitis in adults and children 12 years of age and above. Symptoms treated effectively include sneezing, rhinorrhea,itchy non-purulent throat, itchy/tender red eyes. DOSAGE AND INSTRUCTIONS OF USE: For adult and children above the age of 12; one tablet once daily. CONTRAINDICATIONS: Fexofenadine is contraindicated in patients with known hypersensitivity to any of its ingredients. PRECAUTIONS: As with most new drugs there is only limited data in the elderly and mentally or physically impaired patients. Fexofenadine should be administered with care in these special groups. UNDESIRABLE EFFECTS: The most commonly reported adverse events are headache, dizziness, nausea, diarrhea, and fatigue. The incidence of these events observed with fexofenadine HCl was similar to that observed with placebo. INTERACTIONS: Coadministration of fexofenadine HCl with erythromycin or ketoconazole has been found to result in a 2-3 times increase in the level of fexofenadine in plasma. Administration of an antacid containing aluminum and magnesium hydroxide gets 15 minutes prior to fexofenadine HCl causes a reduction in bioavailability. It is advisable to leave 2 hours between administration of fexofenadine HCl and aluminum and magnesium hydroxide containing antacids. Ref No. 18L/90/11/05

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