

# VIRTUAL MEDICAL RESEARCH SYMPOSIUM



MEDICAL RESEARCH  
DURING PANDEMIC:  
ADAPTING & INNOVATING  
IN ADVERSITY

14TH DECEMBER 2021

## ABSTRACT BOOK





## TABLE OF CONTENTS

### Oral Presentation List

Clinical	1
Non-clinical	2

### Poster Presentation List

Clinical	3-7
Non-clinical	8-9

### Abstracts

Scientific and Reviewers Committee	10
------------------------------------	----

### Oral Presentation

Clinical	12-21
Non-clinical	22-29

### Poster Presentation

Clinical	31-107
Non-clinical	108-134



- PC126 A SIX YEARS REVIEW OF PLACENTA ACCRETA SPECTRUM DISORDER IN A TERTIARY REFERRAL HOSPITAL
- PC127 ACUTE PORTO-SPLENO-MESENTERIC VEIN THROMBOSIS WITH PNEUMATOSIS INTESTINALIS AFTER CHADOX1 NCOV-19 (ASTRAZENECA) VACCINATION: A CASE REPORT OF SUCCESSFUL TREATMENT AND IMAGING FINDINGS
- PC129 A COMPARISON OF THE EFFICACY AND SAFETY OF FASCIA ILIACA BLOCK AS AN ADJUNCT TO PCA MORPHINE FOR POSTOPERATIVE ANALGESIA IN UNILATERAL TOTAL HIP ARTHROPLASTY IN HOSPITAL KUALA LUMPUR
- PC133 MONOCYTE DISTRIBUTION WIDTH (MDW) IN DETECTION OF SEPSIS IN CRITICALLY ILL PATIENTS
- PC135 PAEDIATRIC COVID-19 IN A TEACHING HOSPITAL IN MALAYSIA: A SINGLE CENTRE EXPERIENCE
- PC137 FACTORS ASSOCIATED WITH PAIN-RELATED DISABILITY AMONG CHRONIC PAIN PATIENTS
- PC139 INFLAMMATORY MYOFIBROBLASTIC TUMOUR: A RARE CHILDHOOD MEDIASTINAL TUMOUR
- PC141 ADRENAL CAVERNOUS HEMANGIOMA WITH INFRARENAL ABDOMINAL AORTIC ANEURYSM: A RARE INCIDENTAL FINDINGS FROM A ROUTINE ULTRASOUND ASSESSMENT
- PC143 HEMATIDROSIS AND HEMOLACRIA: A RARE CASE OF BLOODY SWEAT AND TEARS
- PC144 ATYPICAL TERATOID RHABDOID TUMOUR OF THIRD VENTRICLE: A RARE INFANTILE BRAIN TUMOUR AT A VERY RARE LOCATION
- PC148 DIABETIC KIDNEY DISEASE AND ITS ASSOCIATED FACTORS AMONG PATIENTS IN A SELECTED PRIMARY CARE CLINIC IN PAHANG
- PC149 MANAGEMENT OF HEPATOCELLULAR CARCINOMA ACCORDING TO BARCELONA CLINIC LIVER CANCER CLASSIFICATION (BCLC): THE EXPERIENCE OF A PAHANG TERTIARY CENTRE
- PC150 COLD AGGLUTININS: SPURIOUS EFFECTS ON FULL BLOOD COUNT PARAMETERS
- PC151 FACTORS ASSOCIATED WITH INCOMPLETE COLONOSCOPY IN SYMPTOMATIC ELDERLY PATIENTS
- PC152 RARE BLADDER CANCER PATHOLOGY. AN UNFORTUNATE EVENT TO PONDER UPON
- PC153 AUDIT ON WAITING TIME IN A TEACHING PRIMARY CARE CENTRE



PC153

**AUDIT ON WAITING TIME IN A TEACHING PRIMARY CARE CENTRE**

Nurul Akmal AL<sup>1</sup>, Mazilah M<sup>1</sup>, Siti Ruziana R<sup>1</sup>, Maizatul Syamemy MN<sup>1</sup>, Mohd Aizuddin AR<sup>1</sup>, Nor Azam K<sup>1</sup>

*<sup>1</sup>Department of Family Medicine, International Islamic University Malaysia (IIUM), Kuantan, Pahang, Malaysia.*

**Introduction:** Waiting time is one of the factors that could affect a patient's satisfaction. A study in the Ministry of Health (MOH) primary care clinic showed the average waiting time from registration to consultation was 41 minutes. In IIUM Family Health Clinic (FHC), we adopt MOH client charter for waiting time. The MOH waiting time for registration, consultation and pharmacy should be less than 15 minutes, 30 minutes and 15 minutes respectively. However, there is no consensus on ideal consultation length. This audit aims to identify patient's waiting time and consultation length in IIUM FHC in order to formulate our own client charter. **Materials and Methods:** The audit was performed in IIUM FHC from 18<sup>th</sup> August 2021 until 8<sup>th</sup> September 2021 using the universal sampling Methods. The waiting time for registration, consultation and pharmacy were manually recorded using timing chits, which were distributed to 300 patients. **Results:** The average waiting time from arrival to registration was less than one minute for all patients. Meanwhile, the waiting time from registration to consultation varies from 1 to 53 minutes, with an average of 8.52 minutes. From consultation to pharmacy, the waiting time ranges from 1 to 7 minutes, with an average of 1.23 minutes. The average consultation length was 22.4 minutes. **Conclusion:** The overall waiting time at IIUM FHC is substantially shorter than MOH client charter due to the low patient to doctor's ratio. As a result, a new client charter will be implemented to sustain the excellent service.





## AUDIT ON WAITING TIME IN A TEACHING PRIMARY CARE CENTRE



Nurul Akmal AL<sup>1</sup>, Mazilah M<sup>1</sup>, Siti Ruziana R<sup>1</sup>, Maizatul Syamemy MN<sup>1</sup>, Mohd Aizuddin AR<sup>1</sup>, Nor Azam K<sup>1</sup>

<sup>1</sup>Department of Family Medicine, International Islamic University Malaysia (IIUM).

### INTRODUCTION

- Waiting time is one of the factors that could affect patient's satisfaction.
- In Ministry of Health (MOH) primary care clinic, the average waiting time from registration to consultation was 41 minutes.<sup>1</sup>
- In IIUM Family Health Clinic (FHC), we adopt MOH client charter for waiting time.<sup>2</sup>
- The MOH waiting time<sup>2</sup> for:
  - Registration < 15 minutes
  - Consultation < 30 minutes
  - Pharmacy < 15 minutes
- However, there is no consensus on ideal consultation length.

### OBJECTIVE

To identify patient's waiting time and consultation length in IIUM FHC in order to formulate our own client charter.

### METHODOLOGY



#### Duration

- 18<sup>th</sup> August 2021 – 8<sup>th</sup> September 2021 (3 weeks)

#### Inclusion Criteria

- All patients who attend IIUM FHC for consultation



#### Exclusion Criteria

- Patients who come for repeat medication or procedures only

#### Method

- Universal sampling



#### Tool

- Timing charts, which were distributed to 300 patients

### RESULTS

#### Waiting time from arrival to registration

- < 1 minute for all patients.

#### Waiting time from registration to consultation

- 1 to 53 minutes
- Average of 8.75 minutes +/- 7.69

#### Waiting time from consultation to pharmacy

- 1 to 7 minutes
- Average of 1.38 minutes +/- 1.25

#### Average consultation time

- 22.4 minutes +/- 15.06

### DISCUSSIONS

- 98% of patients achieved the target for waiting time in IIUM FHC.
- Shorter waiting time might increase patient's satisfaction to the service.
- Average consultation time in IIUM FHC is adequate since it is a training centre for postgraduate students.
- Overall waiting time at IIUM FHC is substantially shorter than MOH client charter possibly due to the low patient to doctor's ratio.

### CONCLUSION

- A patient satisfaction survey should be planned to correlate with the waiting time finding.
- The current FHC client charter need to be revised to accommodate and sustain the performance from this audit.

### REFERENCES

1. Ahmad et.al. An assessment of patient waiting and consultation time in a primary healthcare clinic. Malays Fam Physician, 2017.
2. Pekeliling masa menunggu Kementerian Kesihatan Malaysia bil 2-2008.