

16 CPD
POINT
AWARDED

CRITICAL APPRAISAL WORKSHOP

17th & 18th February 2025

8 A.M. - 5 P.M.

Bilik Seminar 1 - 3,
Post-Graduate Centre, Level 3,
Hospital Tunku Azizah

Registration
SCAN



Organized by :



CRC
MINISTRY OF HEALTH, MALAYSIA
Research that matters to patients
HOSPITAL TUNKU AZIZAH, KUALA LUMPUR

CLINICAL RESEARCH
CENTRE (CRC)
HOSPITAL TUNKU AZIZAH
KUALA LUMPUR

In Collaboration with :



MALAYSIAN
THORACIC
SOCIETY



DAY 1

0830 - 0900	Registration
0900 - 0945	Introduction to Evidence-based Medicine and MaHTAS
0945- 1030	Understanding PICO and Search Strategy
1030 - 1100	Tea Break
1100 - 1230	Breakout Session
1230 - 1400	Lunch Break and Prayer
1400 - 1500	Group Sharing and Discussion
1500 - 1600	Fundamentals of Critical Appraisal
1600 - 1630	Interactive Discussion : Challenges in Critical Appraisal
1630 - 1700	Closing

0830 - 0900	Registration
0900 - 0930	Critical Appraisal of Systematic Reviews
0930 - 1030	Excercise
1030 - 1100	Tea Break
1100 - 1130	Critical Appraisal of RCTs
1130 - 1230	Excercise
1230 - 1400	Lunch Break and Prayer
1400 - 1500	Critical Appraisal on Cohort Study
1500 - 1600	Excercise
1600 - 1630	Critical Appraisal on Economic Evaluation
1630 - 1700	Closing

DAY 2

REGISTRATION FORM

CRITICAL APPRAISAL WORKSHOP

Registration	Registration Fee	/
MTS Member or MOH staff	RM 300.00	
Others	RM 350.00	

On-site registration WILL NOT be accepted. Places are limited. Registration will close once all places are taken.

All payments by cheques should be issued in favour of "**Malaysian Thoracic Society**"
Payments can be made via telegraphic transfer to the following account:

Account Name : Malaysian Thoracic Society
Account Number : 873-1-0420229-5
Name of Bank : Standard Chartered Bank Berhad
Address of Bank : Publika Branch Solaris Dutamas Jalan Dutamas 1,
50480 Kuala Lumpur

*(Please return the remittance advice note along with this form either by fax or email.
Document image by email is also acceptable)*

Each registration per participants

All Information is required

Name :	_____	Dr / Ms / Mr
Phone Number :	_____	Personal Email : _____
Position :	_____	Grade : _____
Department/Klinik Kesihatan :	_____	
Hospital/Pusat Kesihatan Daerah :	_____	
MTS Member ? :	Yes / No	
Payment Amount :	_____	Date of Payment : _____
Payment Reference Number :	_____	
Please include attachments as below :		
1. Proof of Payment		

Any enquiries please contact :

Clinical Research Centre (CRC),
Hospital Tunku Azizah
Email : researchwchkl@moh.gov.my
Tel : 03-2600-3000 (ext 2120)

Registration
SCAN

