

QUALITATIVE RESEARCH METHODS *Workshop*

CPD POINTS
AVAILABLE



19th - 20th November 2025



8 am till 5 pm



Seminar Room 4-6, Postgraduate Centre,
Level 3,
Hospital Tunku Azizah,
Kuala Lumpur

Speakers:

Dr Mohammad Zabri Johari | Pn Komathi A/P Perialathan | Pn Logeswari A/P Krisnan
Pn Siti Nurfarhana Harun | Pn Norrafizah Jaafar

Organized by :



In collaboration with :



MALAYSIAN THORACIC SOCIETY



MINISTRY OF HEALTH MALAYSIA



**REGISTER
NOW!**



Day 1: 19 November 2025

Time	Aturcara
8 pagi	Pendaftaran dan Sarapan
8:50 pagi	Kata-kata aluan
9 pagi	Topic 1: Qualitative Research Design and Methodology
10:30 pagi	Rehat
10:45 pagi	Exercise 1 & 2
12 tengahari	Topic 2: Qualitative - Sampling
1 petang	Makan Tengahari
2:30 petang	Topic 3: Preparing Interview Guides
3:30 petang	Topic 4: Interview
4:30 petang	Bersurai

Day 2: 20 November 2025

Masa	Aturcara
8 pagi	Pendaftaran dan sarapan
8:30 pagi	Recap of previous topics
9 pagi	Topic 5: Data collection - In-depth interview (IDI) Exercise 3
10:30 pagi	Rehat
10:45 pagi	Topic 6: Data collection - Focus group discussion (FGD) Exercise 4
12 tengahari	Topic 7: Validity and Reliability
1 petang	Makan tengahari
2:30 petang	Topic 8: Transcribing your data
3:30 petang	Topic 9: Data Analysis (Brief) Topic 10: Reporting Result (Brief)
4:30 petang	Majlis Penutup
5 petang	Bersurai

REGISTRATION FORM

Registration	Fee	SST 8%	Total Fee
MTS Member MOH	RM 300.00	RM 24.00	RM 324.00
Others	RM 350.00	RM 28.00	RM 378.00

Limited spots available! Registration closes once all spots are filled. **No LPOs accepted. No refunds.**

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
IC Number : _____	Phone Number : _____
Personal Email : _____	
Designation : _____	
Department / Klinik Kesihatan : _____	
Hospital / Pusat Kesihatan Daerah : _____	
MTS Member ? : ☐ Yes ☐ No	
Payment Option (Please "/" one) : ☐ MTS / MOH (RM 300) ☐ Others (RM 350)	
Date of Payment : _____	
Payment Reference Number : _____	
Please include attachments as below : 1. Proof of Payment	Dietary Preference : ☐ Vegetarian ☐ Non-Vegetarian

Any enquiries please contact :

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