

**16 CPD
points!**

**20
seats only!**

Statistical Analysis Using **SPSS** Workshop



14 August 2023 & 21 August 2023

8 A.M - 5 P.M

**Bilik Makmal Komputer,
Cawangan Teknologi Maklumat**



**Kindly bring your own laptop with SPSS
software installed**

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**



Tentative Program

8:00 am - 8:30 am

Registration and Breakfast

8:30 am - 10:00 am

- Introduction to Statistics
- Data Entry in SPSS
- Data Management in SPSS

10:00 am - 10:15 am

Break

10:15 am - 11:15 am

Descriptive Statistics

11:15 am - 12:45 pm

Inferential Statistics

12:45 pm - 2:00 pm

Lunch Break

2:00 pm - 3:30 pm

- One sample t-test
- Paired samples t-test

3:30 pm - 3:45 pm

Break

3:45 pm - 5:00 pm

- Independent samples t-test
- One-way ANOVA
- Nonparametric test

5:00 p.m

Tea

End of Session

14
Aug

21
Aug

8:00 am - 8:30 am

Registration and Breakfast

8:30 am - 10:00 am

- Contingency tables
- Chi-square test
- Odds and Risk Ratios

10:00 am - 10:15 am

Break

10:15 am - 12:45 am

Bivariate analysis

- Scatter plots
- Correlation
- Regression

12:45 pm - 2:00 pm

Lunch Break

2:00 pm - 3:30 pm

Multiple Linear Regression

3:30 pm - 3:45 pm

Break

3:45 pm - 5:00 pm

Logistic Regression

5:00 p.m

Tea

End of Session

REGISTRATION FORM

Registration fees : **RM 300** per person

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 online 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
Position : _____
Grade (if government staff) : _____
Phone Number : _____
Personal Email : _____
Hospital : _____
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)