Evidence-based medicine is the process of life-long, self-directed learning in which caring for patients leads to the search for, critical appraisal, and incorporation into practice of valid and clinically important information about diagnosis, prognosis, therapy, and other clinical and health-care issues.

The workshop is intended to serve as an introduction to evidence-based practice. It is aimed at clinicians and other health care professionals (including those involved in the field of mental health) who wish to gain knowledge of critical appraisal and experience in the practice of evidence-based health care.

You should consider attending if you:
~ have a belief in the process of small-group learning,
~ wish to learn how to practice EBM, and
~ are committed to patient-centred learning.
FACULTY

Prof Paul P Glasziou
MBBS, PhD, FAFPHM, FRACGP
Director of the Centre for Evidence-Based Medicine

Dr Mas Ayu Said
MBBS, MPH, MPH (Epidemiology)

Dr Liew Su May
MBBS, MMed (FamMed)

Aim
After the workshop, participants will appreciate the basis of:
- evidence-based practice
- formulating answerable questions
- searching effectively for evidence
- rapid critical appraisal for intervention and treatment studies
- systematic reviews
- studies of diagnosis and prognosis
- appraisal and formulation of guidelines

Fees
UM Students / Staff / College of Public Health Medicine (AMM)
RM450.00

General Participants
RM600.00

The registration fees includes course materials, refreshments and meals. Seats are limited to fifty selected participants who have fully paid the registration fee. The selected participants will be notified by e-mail, after which he/she will have to pay the registration fees in full within 7 days of the workshop, otherwise his/her place may be allocated to the other participant.

Registration
Name: Prof/ Dr/ Mr/ Mrs/Ms
(Please print name in block letters as you wish it to appear in the certificate)

Institution / Department:

Contact Address:

Tel: _____________ Email: __________________________
Fax:_________________

Signature: _______________________

Sponsorship:
- [ ] Public (e.g. MOH, Government Universities, etc)
- [ ] Private (Company name): _______________________
- [ ] Self

Person to contact on your sponsorship:

Do you have any special dietary needs?

Cheque / Bank Draft / Postal Order / Local Order to be made payable to:
Bendahari Universiti Malaya

Please send in the registration form to the correspondence address.

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