



Time in Bangladesh

July-December 2014  
Volume 8 Number 18

**BESTCEF**  
Cefixime trihydrate

# INTERN Vision



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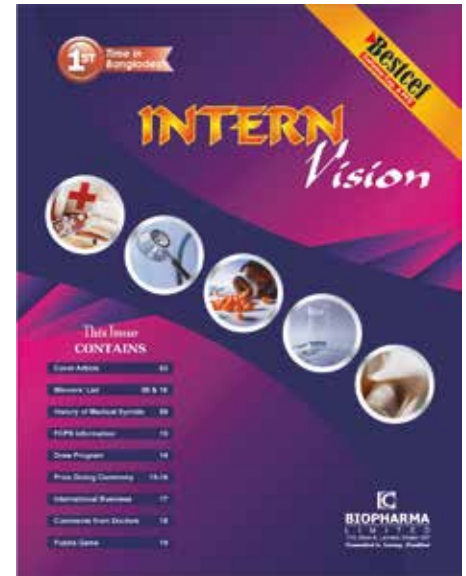
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## Dear Intern Doctors



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**BIOPHARMA**

Welcome to the 18<sup>th</sup> Issue of "Intern Vision"

First of all we would like to give special thanks to all our valued readers for mass participation & suggestions in the previous issues of Intern Vision. In every issue we strongly try to review this newsletter according to your valuable opinion.

In our last issue (17<sup>th</sup>) we have already handed over 16 prizes among the winners throughout the country which was selected by an open draw program at conference room of corporate house of BIOPHARMA LIMITED.

In this issue we have highlighted the features of "Importance of Physical Medicine & Rehabilitation (Physiatry) in Medical Science" as cover article, guide line on MOC program of Royal College of physician & Surgeon, Canada and 35<sup>th</sup> BCS Guide line which are very important for a medical professional.

Our regular features (Medi Quiz, Puzzle Game & Think A Little) are in this issue as usual.

Every cordial effort has been made to make this issue interesting & helpful to you.

We sincerely expect your valuable suggestions for further excellence of

**INTERN**Vision

With regards,

**BIOPHARMA**

*Dr. Md. Atiqul Islam Rabby*

**Dr. Md. Atiqul Islam Rabby**  
 Medical Services Department

*Dr. Lokiat Ullah*

**Dr. Lokiat Ullah**  
 Executive Director

## Importance of Physical Medicine & Rehabilitation (Physiatry) in Medical Science

Mamun KAA\*

### 1. Historical Background

Medical speciality of Physical Medicine & Rehabilitation is continuing to develop with the concepts of Frank H. Krusen, Howard A. Rusk and other founders of this specialty about 70 years ago. In 1941 Frank H. Krusen authored Physical Medicine as the first general textbook on Physical Medicine in U.S.A. American Board of Physical Medicine & Rehabilitation established in 1947. The field grew notably during and 2nd world war to accommodate the large number of injured soldiers. In Bangladesh physical medicine and Rehabilitation is started as a post graduate course in Bangladesh College of physicians & surgeons (BCPS) in 1990. Up to July 2013, about 70 fellows from BCPS has come out and serving all over the country.

### 2. What is physical medicine & rehabilitation?

This is a subspecialty from faculty of medicine that deals with total care of medical illness that needs diagnosis, treatment & medical rehabilitation by drugs, physical agents, exercises & assistive devices. This speciality is also known as physiatry or rehabilitation medicine.

### 3. USA Definition

Physiatrists are specialists in the diagnosis & treatment of patients of all ages in three major areas of medical care.

- Diagnosis and treatment of musculoskeletal injuries and pain syndrome. These include sports and/or work injuries, degenerative conditions, arthritis etc.
- Electro diagnostic Medicine. This includes EMG (Electromyography) & NCV (Nerve conduction velocity) used for various Muscular and Neurological disorders.
- Rehabilitation of patients with severe impairments. These includes stroke, brain injury, spinal cord injury, amputations, multiple trauma, burns and sports injuries etc.

### 4. What is rehabilitation?

Rehabilitation means restoration of function of a persons physical, mental and social well being for the purpose of ultimate resettlement as far as possible utilizing all residual effort of an individual within its limit.

In short Rehabilitation means- 'To make a man fit again'.

\* **Dr. kazi Abdullah Al Mamun, MBBS, FCPS**  
Associate Professor & Head  
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Ibn Sina Medical College, Dhaka.  
Ex-Specialist, BIRDEM Hospital, Dhaka.  
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### Multidisciplinary team members in physiatry

- Physical Medicine Specialist or physiatrist. (Team Leader)
- Physiotherapist.
- Occupational therapist.
- Speech therapist.
- Orthotist&prosthetist.

**5. Physiatrists:** Physiatrists are medical graduates with postgraduate qualifications in physical Medicine & Rehabilitation.

**Physiotherapist:** Physiotherapists are medical personnel who by their high quality hands and techniques mainly restore lost function of a disabled.

### 6. Why should doctors need to know about 'physical medicine & rehabilitations'?

Drug and surgery is not the sole cure for all patients. Most of the serious illness need comprehensive management plan so that the patient can have full functional recovery & high quality of life.

After orthopaedic interventions, nuro-surgical operations, burn patients, Brain Stroke patients & other neurological patients need proper physical therapy & Rehabilitation from the beginning of illness. Otherwise, there will be wasting of muscles, stiffness of joints and other functional loss of the patients, which ultimately give burden to the family, society & to the nation. So undergraduate medical students & young doctors should know when to refer the patients to physical Medicine Ward & should have the knowledge of principal of management in Physical Medicine & Rehabilitation. About 26% of our community people suffer from Musculoskeletal diseases. Physical Medicine & Rehabilitation is essentially needed for comprehensive management of most of the musculoskeletal diseases.

### 7. History Taking & Examination In Physical Medicine & Rehabilitation

#### History Taking

Physiatric History should be obtained in an organized manner so that no important item is missed. The source of information may be patient, family & friends. Technical information can be obtained by the patient's therapist & nurses.

#### Chief Complaints: As other Medical Condtions

#### History of Present Problem:

The problem should be described in a clear chronological way that lists the patient's entire functional, medical, surgical, physical and cognitive deficit.



### Functional History

By functional Independence measure scale physician can identify level of assistance of patient.

- a. Standby assistance.
- b. Partial physical assistance.
- c. Total physical assistance.

### Past Medical or Surgical History

Patients cardiac, pulmonary, rheumatological, neurological and musculoskeletal system history is necessary for patients performance in therapeutic program.

### Psychiatric History

Patients motivation and cooperation are important for a successful rehabilitation program. Depression, Anxiety and suicidal or homicidal ideation can have a major impact on an individual's ability to cooperate. The stress of a new injury or illness can trigger a recurrence of a previous psychiatric problem.

### Sexual History

Questions concerning sexuality are often avoided by health professionals. It is an important aspect of an individual's lifestyle.

## EXAMINATION

The physiatric examination uses all of the basic evaluation methods of inspection, palpation, percussion & auscultation along with additional methods that assess impairment and disabilities.

### General Examination: Same as medicine

**Musculoskeletal Examination:** This is a major portion of total physiatric examination. It requires inspection, palpation as well as unique test such as Range of motion, joint stiffness, contracture and manual muscle testing.

**Neurological examinations:** It is also important in physical medicine & have to do as medicine

**Other Systemic Examinations:** Have to do according to other system involvement

## 8. Management Plan

From the problem list the physiatrist develop a management plan, including treatment options for both the rehabilitation and Medical or surgical problems. The management plan should be interdisciplinary. In the rehabilitation setting the identification of treatment goal is necessary. Periodic re-evaluation of the patients progress in the treatment program allows the physiatrist to identify problems that require a re-adjustment of the plan and goal.

**9. Top ten disorders in musculoskeletal (ms) system:** which are mostly related with physical medicine.

- Low back pain
- Neck pain
- Stroke
- Knee pain
- Frozen shoulder (Adhesive Capsulitis)
- Inflammatory arthritis
- Soft tissue Rheumatism (Including different sports injuries)
- Facial nerve palsy
- Post traumatic stiffness of joints
- Cerebral palsy

## 10. Physical Modalities (Physical Agents)

Physical agents are devices that use physical forces to produce beneficial therapeutic effects. Physical agents are used as adjunct to a comprehensive treatment program. They supplement, but do not replace, exercise, stretching, massage, education and medical interventions. Use of heat, light & electricity cold, are the basis of all modalities of treatment by physical agents.

### Therapeutic Heat

Various types heating modalities used in therapy can be subdivided into those that heat the superficial tissues and those that heat the deeper structures. They can also be subdivided according to the primary modes of heat transfer into tissues.

### Therapeutic Heating Modalities

Primary Mode of Heat Transfer	Modality	Depth
Conduction	Hot packs	Superficial Heat (Heat skin & subcutaneous tissue)
	Paraffin wax-bath	
Convection	Fluidotherapy	
	Hydrotherapy	
Conversion	Moist air	
	Radiant heat (IRR)	Deep heat (can raise temperature up to 3.5 cm depth of tissue)
	LASER	
	Microwaves (MWD)	
Short waves (SWD)		
	Ultrasound (UST)	

**Physiological Responses of Therapeutic Heat**

- a. Heat increases the extensibility of collagen tissue at about 45°C (115°F).
- b. Heat decrease joint stiffness
- c. Heat produces pain relief
- d. Heat relieves muscle spasm.
- e. Heat increase blood flow.
- f. Heat assists in the resolution of inflammatory infiltrates, edema, and exudates.
- g. Soothing effect

**Contraindications of therapeutic heat**

**Absolute:**

- o Tuberculosis
- o Malignancy

**Relative:**

- o Over anaesthetized area (peripheral neuropathy, Nerve lesion).
- o An obtunded patient.
- o Bleeding disorders.
- o Inadequate vascular supply areas (May be ischemic necrosis).
- o Metallic implant or implanted electronic devices.
- o Child.
- o Acute trauma or infection.

For most heat therapy, the sensation of pain is a warning signal that safe limits have been exceeded.



**Fig: Paraffin wax-bath given in wrist joint pain. ( Superficial Heating Device)**



**Fig: Infra red radiation. ( Superficial Heating Device)**



**Fig: Short wave diathermy given in back pain. (Deep Heating Device)**



**Fig: Micro wave diathermy given in shoulder pain. (Deep Heating Device)**



**Fig: Ultrasound Therapy given in tennis elbow. (Deep Heating Device)**

**Electrical Stimulation**

Transcutaneous Electrical Nerve Stimulation (TENS)  
TENS is a form of analgesia that uses superficial skin electrodes to apply small electrical signals to the body. Electrodes may be placed over peripheral nerves, nerve roots and over the areas of pain.



**Fig: Transcutaneous electrical nerve stimulation. (Giving in Peripheral Neuropathy)**

### TRACTION(Cervical and lumber)

In traction therapy a controlled weight force is applied to the cervical and lumber spines to get beneficial therapeutic effect in different pain conditions. It is concluded in most studies that elongation of the cervical and lumber spines by prolonged pull with adequate force leads to fatigue of cervical & lumber para-spinal muscles, which is potentially of therapeutic value when muscle spasm is present. Retraction of herniated disc material is unusual effect of lumber traction.

Motorized mechanical traction is applied by a motorized system administered in continuous or intermittent methods. Usually cervical traction is applied with 10-15% of body weight lumber traction is applied with 30 to 60% of body weight.



**Fig: Lumber traction for Lumbago Sciatica etc.**



**Fig: Cervical traction given in cervical pain.**



**Fig: Laser therapy (In Tennis Elbow etc)**

### 11. Therapeutic Exercises

Therapeutic exercise may be defined as the prescription of bodily movement to correct impairment, improve musculoskeletal function or maintain a state of well being.

Therapeutic exercise has local and general effect on the physiology of the body. These responses occur in the musculoskeletal, nervous, circulatory and endocrine system in particular.

#### Use of therapeutic exercise-

- o Maintenance of mobility
- o Stretching to increase range of motion
- o Flexibility training
- o Therapeutic exercise to develop neuromuscular coordination
- o Engram
- o Therapeutic exercise to develop strength and endurance
- o Therapeutic exercise in special situations



- Exercise in Diabetes mellitus (DM)
- Therapeutic exercise in cardiovascular disease and deconditioning
- Cardiopulmonary reconditioning

**Contraindication to Exercise Program**

- Acute myocardial infarction
- Unstable angina
- Uncontrolled congestive heart failure
- Active pericarditis or myocarditis
- Recent embolism
- Moderate to severe stenosis
- Uncontrolled ventricular or supraventricular dysrhythmia
- Severe uncontrolled diabetes
- Acute systemic illness or fever
- Resting blood pressure >120 diastolic or >200 systolic

**12. Message**

Message is a term used to signify a group of systemic and scientific manipulations of body tissues that are best performed with the hands for the purpose of affecting the nervous and muscular system and general circulation. A masseur knows many techniques to give best comfort to the patients.

**Physiological effects:**

Reflexes are produced in the skin by stimulation of the peripheral receptors, which then transmit impulses through the spinal cord to brain and produce sensation of pleasure and relaxation. Sedation is another important physiological effect.

**Indications:**

Message is useful in any condition in which relief of pain, spasm, reduction of swelling or mobilization of contracted tissue is desired. Message is not a substitute for exercise. It does not increase muscle strength.

**Contraindications:**

The greatest contraindications to message are infections, malignancies and skin diseases. In thrombophlebitis, message may be dangerous, because thrombi may be broken into emboli.

**13. Rehabilitation Concepts In Sports Medicine**

Sports are form of exercise, which has got definite form and purpose and which usually, implies competition. Medicine that is concerned with sports and sports related injury is known as Sports Medicine. Sports bring personal and national reputations as well as provide physiological and psychological benefits on the person himself. Sports injuries may be caused by accidents or by overuse and do not necessarily differ from injuries sustained in

**Common sports injuries due to musculoskeletal overexertion**

Injury	Sports
Tennis elbow	Cricket, Shooting, Archery, Tennis
Golfers elbow	Golf, Tennis, Archery
Rotator cuff tendinitis	Base ball, Swimming, Tennis, Cricket
deQuarvains disease	Rowing, Golf
Trochanteric bursitis	Football, Running, Athletics
Adductor tendinitis	Running Hockey
Achillitis tendinitis	Running, Basket ball
Acrioclavicular ligament	SprainWeight lifting, Gymnastics
Patellofemoral pain	Football, Cycling, Basketball
Jumpers knee & Runnersknee	Basketball, Volleyball
Medial tibial traction	Swimming, Karate, Wshu



**Fig: Adjustable Examination & Treatment bed.**



**Fig: Gym for regular exercise.**



**Fig: Hubber tank for multiple site therapy. (Thermotherapy)**



Fig: Whirl pool bath. (Type of Thermotherapy)

For back care & fitness of other disease condition: following position & instrument are suggested to use



Sitting posture (Correct)      Sitting posture (Incorrect)



Weight lifting (Incorrect)      Weight lifting (Correct)



Back extension exercise      Flexion exercise



Static bicycle



Quadriceps pulley

Weight lifter

Cane

### C o n c l u s i o n

In addition with drugs, uses of physical agents, therapeutic exercises & massage in physical medicine for the treatment of both acute and chronic painful conditions and other medical conditions are becoming highly popular in the recent years.

Almost every drug has got numerous side effects. Patients with reduced renal function will be unable to tolerate NSAIDs. Peptic ulcer disease is another contraindication to NSAIDs. Aged people will have declined body reservoir to tolerate many drugs. So in these group of patients, to whom painkiller will have detrimental effect, can be benefited from the use of physical agents.

In Bangladesh, the demand of physical medicine & Rehabilitation service is extending day by day. As the awareness about this speciality and public interest rapidly growing up about non-pharmacological procedures of pain management, it is now emmence need to grow up this speciality for comprehensive management of musculoskeletal problems including sports injuries.

There are about 80 tertiary level healthcare institutes in Bangladesh which include govt. and private medical college hospitals, Specialized govt. and non govt. hospitals. But the number of physical medicine & Rehabilitation Specialist or Physiatrist are only about 70 in number. According to our total population, for about twenty five lac People there is only one physiatrist. The number of physiatrist should be at least three time more then the present number. There is also shortage of proper Rehabilitation centers and other personals as physiotherapist and Rehab technician. So special attempts should be taken from govt. and non-govt. sectors to overcome the deficiency of all of these shortages for comprehensive management of our patients. Under graduate doctors may choose their future steps in physical medicine as a



## Ebola Virus Disease

Ebola first appeared in 1976 in 2 simultaneous outbreaks, in Nzara, Sudan, and in Yambuku, Democratic Republic of Congo. The latter was in a village situated near the Ebola River, from which the disease takes its name.

### Transmission

Ebola then spreads in the community through human-to-human transmission, with infection resulting from direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids of infected people, and indirect contact with environments contaminated with such fluids.

**Men who have recovered from the disease can still transmit the virus through their semen for up to 7 weeks after recovery from illness.**

Health-care workers have frequently been infected while treating patients with suspected or confirmed EVD. This has occurred through close contact with patients when infection control precautions are not strictly practiced.

### Signs and symptoms

EVD is a severe acute viral illness often characterized by the sudden onset of fever, intense weakness, muscle pain, headache and sore throat. This is followed by vomiting, diarrhoea, rash, impaired kidney and liver function, and in some cases, both internal and external bleeding. Laboratory findings include low white blood cell and platelet counts and elevated liver enzymes.

### Diagnosis

Other diseases that should be ruled out before a diagnosis of EVD can be made include: malaria, typhoid fever, shigellosis, cholera, leptospirosis, plague, rickettsiosis, relapsing fever, meningitis, hepatitis and other viral haemorrhagic fevers.

Ebola virus infections can be diagnosed definitively in a laboratory through several types of tests:

- antibody-capture enzyme-linked immunosorbent assay (ELISA)
- antigen detection tests
- serum neutralization test
- reverse transcriptase polymerase chain reaction (RT-PCR) assay
- electron microscopy
- virus isolation by cell culture.

Samples from patients are an extreme biohazard risk; testing should be conducted under maximum biological containment conditions.

Information Source: [www.wikipedia.com](http://www.wikipedia.com)

### Vaccine and treatment

No licensed vaccine for EVD is available. Several vaccines are being tested, but none are available for clinical use.

Severely ill patients require intensive supportive care. Patients are frequently dehydrated and require oral rehydration with solutions containing electrolytes or intravenous fluids.

No specific treatment is available. New drug therapies are being e v a l u a t e d .

### Prevention and control

Controlling Reston ebolavirus in domestic animals

No animal vaccine against RESTV is available. Routine cleaning and disinfection of pig or monkey farms (with sodium hypochlorite or other detergents) should be effective in inactivating the virus.

If an outbreak is suspected, the premises should be quarantined immediately. Culling of infected animals, with close supervision of burial or incineration of carcasses, may be necessary to reduce the risk of animal-to-human transmission. Restricting or banning the movement of animals from infected farms to other areas can

reduce the spread of the disease.

As RESTV outbreaks in pigs and monkeys have preceded human infections, the establishment of an active animal health surveillance system to detect new cases is essential in providing early warning for veterinary and human public health authorities.

### Reducing the risk of Ebola

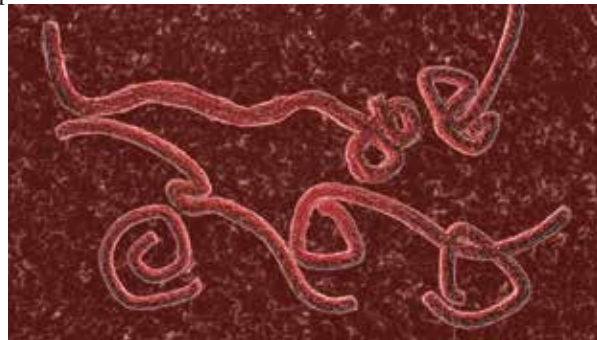
#### infection in people

In the absence of effective treatment and a human vaccine, raising awareness of the risk factors for Ebola infection and the protective measures individuals can take is the only way to reduce human infection and death.

#### Controlling infection in health-care settings

Human-to-human transmission of the Ebola virus is primarily associated with direct or indirect contact with blood and body fluids. Transmission to health-care workers has been reported when appropriate infection control measures have not been observed.

It is not always possible to identify patients with EBV early because initial symptoms may be non-specific. For this reason, it is important that health-care workers apply standard precautions consistently with all patients – regardless of their diagnosis – in all work practices at all times. These include basic hand hygiene, respiratory hygiene, the use of personal protective equipment (according to the risk of splashes or other contact with infected materials), safe injection practices and safe burial practices.





**ROYAL COLLEGE**  
OF PHYSICIANS AND SURGEONS OF CANADA

**MOC PROGRAM**  
enhancing learning, advancing care

## What is the Maintenance of Certification Program?

The MOC Program is an evidence-informed educational initiative designed to support, enhance and promote the continuing professional development (CPD) activities of MOC Program participants. To support this lifelong learning strategy, the MOC Program's goals are focused on supporting learning that enhances the knowledge, competencies and performance required for your professional practice.

As a MOC Program participant you are responsible for developing and implementing a personal CPD plan relevant to your roles and responsibilities by engaging in learning activities included within the MOC learning framework.

### Features of the new MOC Program

The revised MOC Program is streamlined and more flexible, offering a wider range of learning activities for managing your continuing professional development. Expanded

Promotes the integration of group learning with self-assessment and practice assessment activities, including simulation activities for individual physicians or interprofessional health care teams.

### Evidence informed

Meets the identified perspectives and experiences of MOC Program participants and reflects the evidence from the CPD research literature.

### Outcome informed

Requires MOC Program participants to identify a learning outcome for their practice for each learning activity.

### Flexible

Incorporates a blended credit system, offering MOC Program participants more flexibility in engaging in learning activities. The credit system includes.



### Credits based on time

- 1** credit per hour: Attending an accredited conference earns one credit per hour.
- 2** credits per hour: Completing a personal learning project earns two credits per hour.
- 3** credits per hour: Participating in assessment activities earns three credits per hour.

### Credits based on completion of an activity or program

- 20** credits per year: Developing a clinical practice guideline earns 20 credits per year.
- 1** credit per article: Reading a journal article earns one credit per article.
- 5** credits per activity: Listening to a podcast earns 0.5 credits per activity.

### Simplified framework

The updated MOC Program learning framework reduces the number of learning sections from six to three: group learning, self-learning and assessment.

#### Section 1: Group learning

Conferences, courses, rounds, journal clubs and small-group learning, either face-to-face or web-based, are part of this section.

#### Section 2: Self-learning

Activities planned to address specific needs, enhance awareness of new evidence potentially relevant to practice or enhance the quality of multiple systems are part of this section.

#### Section 3: Assessment

Activities that provide data and feedback to physicians or health teams that facilitate the identification of needs in areas of knowledge, skills, competencies and performance are part of this section.

*"The practice of medicine continues to evolve: it is therefore fitting that the spectrum of activities related to the roles that physicians play is increasingly recognized in the new MOC Program."*

Shubhayan Sanatani  
MD, FRCPC  
Pediatric Cardiology  
Vancouver, B.C.



## Framework of Continuing Professional Development Activities

SECTIONS	CATEGORY	EXAMPLES	CREDIT RATING
Section 1: Group learning	Accredited activities Conferences, rounds, journal clubs or small-group activities that adhere to Royal College standards. Accredited group learning activities can occur face-to-face or web-based (online).	<ul style="list-style-type: none"> <li>Accredited rounds, journal clubs, small groups</li> <li>Accredited conferences</li> </ul>	1 credit per hour
	Unaccredited activities Rounds, journal clubs or small-group activities in the process of meeting the educational and ethical standards; rural or local conferences that have no industry sponsorship.	<ul style="list-style-type: none"> <li>Unaccredited rounds, journal clubs, small groups</li> <li>Unaccredited conferences without industry support</li> </ul>	0.5 credits per hour (maximum of 50 credits per cycle)
Section 2: Self-learning	Planned learning Learning activities initiated by the identification of a need, problem, issue or goal, either at or separate from the point of care, leading to the creation of a learning plan developed independently or in collaboration with peers or mentors.	<ul style="list-style-type: none"> <li>Fellowships</li> <li>Formal courses</li> <li>Personal learning projects</li> <li>Traineeships</li> </ul>	100 credits per year 25 credits per course 2 credits per hour 2 credits per hour
	Scanning Resources that physicians use to enhance their awareness of new evidence, perspectives or findings that may be potentially relevant to their professional practice.	<ul style="list-style-type: none"> <li>Journal reading</li> <li>Podcasts, audiotapes, videotapes</li> <li>Internet searching (Medscape, UpToDate, DynaMed)</li> <li>InfoPOEMs</li> </ul>	1 credit per article 0.5 credits per activity 0.5 credits per activity
	Systems learning Activities that stimulate learning through contributions to practice standards, patient safety, quality of care; curriculum development; or assessment (examination boards, peer review).	<ul style="list-style-type: none"> <li>Practice guideline development</li> <li>Quality care/patient safety committee</li> <li>Curriculum development</li> <li>Examination development</li> <li>Peer assessment</li> </ul>	20 credits per year 15 credits per year 15 credits per year 15 credits per year 15 credits per year
Section 3: Assessment	Knowledge assessment Programs accredited by Royal College CPD providers that provide data with feedback to individual physicians regarding their current knowledge base to enable the identification of needs and the development of future learning opportunities relevant to their practice.	<ul style="list-style-type: none"> <li>Accredited self-assessment programs</li> </ul>	3 credits per hour
	Performance assessment Activities that provide data with feedback to individual physicians, groups or interprofessional health teams related to their personal or collective performance across a broad range of professional practice domains. Performance assessment activities can occur in a simulated or actual practice environment.	<ul style="list-style-type: none"> <li>Simulation</li> <li>Chart audit and feedback</li> <li>Multi-source feedback</li> <li>Educational/administrative assessments</li> </ul>	3 credits per hour 3 credits per hour 3 credits per hour 3 credits per hour

This table summarizes the learning sections under the new MOC framework. Activities submitted via MAINPORT are converted automatically into credits.





### Using the MOC program

#### MOC Program cycle requirements

The MOC Program is based on a five-year cycle, the first cycle beginning January 1 of the year following admission to the program. You must complete a minimum of

- o 40 credits per year, and
- o 400 credits over each five-year cycle.

Each year, you will be able to print a MOC status report of the credits you have completed. A completion certificate will be available online when you complete a five-year MOC cycle.

#### Reporting credits

MOC Program participants self-report their participation in approved learning activities and record the learning outcomes identified or achieved through MAINPORT, a web application that serves as an online learning support system.

#### Bonus period

The time between when a Fellow joins the Royal College and a cycle starts is considered the bonus period in which Fellows can complete activities that contribute to their cycle requirements. Other MOC Program participants may be eligible for a bonus period depending on their date of registration.

#### Credit validation

Credit validation is for MOC Program participants who missed the January 31 submission deadline. Such individuals can continue to submit their learning activities through MAINPORT but must provide supporting documentation for these activities to contribute to their cycle credits. Documentation can be attached as a file to the MAINPORT submission or can be mailed or faxed to the Royal College's Office of Professional Affairs.

Visit the Royal College website for more information or email [validation@royalcollege.ca](mailto:validation@royalcollege.ca)

The Royal College of Physicians and Surgeons of Canada  
Credit Validation  
Office of Professional Affairs  
774 Echo Drive  
Ottawa, ON K1S 5N8  
Fax: 613-730-2410

### Using MAINPORT

MAINPORT is a web application for documenting your learning activities, managing your continuing professional development and accessing learning resources and programs.

#### Key features of MAINPORT

##### My Holding Area

MAINPORT's My Holding Area allows you to begin the process of documenting a learning activity, save your work and return to finish it later. You can review activities awaiting credit validation and those activities automatically uploaded by other organizations.

##### My Reports

In MAINPORT you can print a Credit Summary report displaying your total MOC credits by year and MOC section, a Yearly MOC Adherence letter confirming the number of credits completed in a given year, a Transcript of CPD Activities that provides a summary of all your entered CPD activities, and a MOC Completion Certificate when you have successfully completed a MOC cycle.

##### My CPD Planning

MAINPORT enables you to document professional practice goals, set a plan and date to complete each goal, and link future learning activities and track progress to accomplishing each goal.

##### Enter a CPD activity

You can document completed learning activities and outcomes using simple templates created for the group learning, self-learning and assessment sections. MAINPORT enables you to attribute every learning activity to one or more CanMEDS Roles.

##### MOC Resources

MAINPORT provides you with links to databases, self-assessment programs, tools, and many online journals. The My Resources section of the dashboard enables you to add personal resources for quick access.

*"The new MAINPORT is more effective as a CPD/learning management system than the old version. It has a more inviting interface and enables me to track my activities as I move through the process of developing them and recording them."*

Steven Simpson  
MD, FRCPC, Psychiatry  
Royal College CPD educator  
Calgary, Alta.



## MOC Program participants

When you join the Royal College as a Fellow, you are automatically registered in the MOC Program.

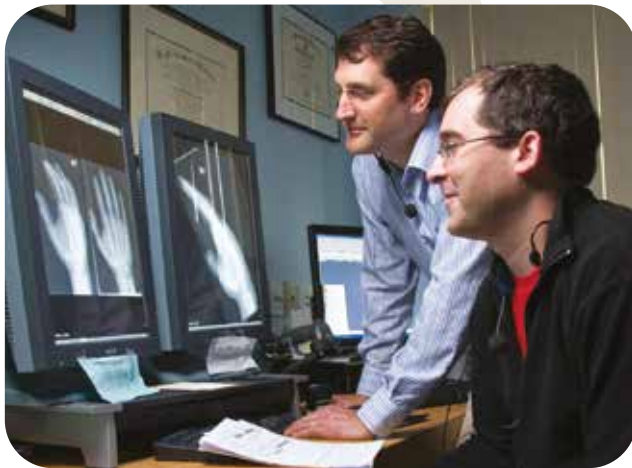
Participation in the MOC Program is mandatory for specialists admitted into or renewing membership in the Royal College and using the FRCPC and FRSC designations to practise. All MOC Program participants are included in the public Directory of Fellows.

The following categories of membership in the Royal College are required to participate in the MOC Program:

- o Active Fellows (full-time or part-time practice)
- o Fellows engaged in related professional activities
- o International Fellows
- o Fellows continuing in fellowships following certification

The following Fellows are exempt from participation:

- o Fully-retired Fellows
- o Resident affiliates
- o Fellows on health or family-related leave of absence



### Program information for licensed specialists

Specialists with a licence to practise in Canada may join the MOC Program to meet provincial physician revalidation requirements, for personal or professional reasons, or to meet their workplace requirements. Such participants pay a registration fee each year for access to the MAINPORT web application, Royal College support services and regional CPD educators. For international medical graduates participating in the Practice Ready Assessment and Practice Eligibility Route, special requirements and exemptions apply.

## Getting assistance with the MOC Program

As your main point of contact and assistance, the Royal College Services Centre is available by phone, email or fax. You may also contact the CPD educator in your region or province for extra assistance.

### CPD educators

The Royal College has recruited 17 CPD educators who practise across each region of Canada and assist MOC Program participants in their CPD learning. For a list of CPD educators, visit: [royalcollege.ca/cpdeducators](http://royalcollege.ca/cpdeducators).

*“My goal is to facilitate understanding and engender enthusiasm for MOC and MAINPORT as tools for continuing professional growth. Specialists can contact me any time with questions.”*



**Laurette Geldenhuys**  
MD, FRCPC,  
Anatomical Pathology  
Royal College CPD educator  
Halifax, N.S.

**Royal College Services Centre**  
The Royal College Services Centre can be reached at: 1-800-461-9598 or 613-730-6243.

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email: [membership@royalcollege.ca](mailto:membership@royalcollege.ca)

For general continuing professional development inquiries,  
email: [cpd@royalcollege.ca](mailto:cpd@royalcollege.ca)

### Raffle Draw Program of Intern Vision 17th Issue

The raffle draw program of intern vision 17th issue's quiz winners was held on 28th November 2013 in the conference room of corporate house of BIOPHARMA LIMITED. Md. Delwar Hossain, Manager PMD; Dr. M. Shahid Iqbal Sarkar, GM Marketing & Mr. Mohammad Akhter Hussain, Director Operation were present as special guest, chairperson and chief guest respectively. Dr. Md. Atiqul Islam Rabby, Editor, Intern Vision, co-ordinated the program. The chairperson, chief guest & special guest picked up winners reply card out of 1074 cards who gave the right answers. Intern vision authority received more then 1400 reply cards from the intern doctors of all govt. and renowned non govt. medical college through out the country. On that occasion all members of Product management department were also present.



ওজন নিয়ে  
দুঃশিচিন্তা?

Sunny  
Slim

অতিরিক্ত মেদ ও বাড়তি  
ওজন কমিয়ে দেয়

Sunny  
Gain

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শারীরিক বৃদ্ধি নিশ্চিত করে

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## Prize Giving Ceremony in Dhaka



Dr. Dewan A.K.M Abdur Rahim (Vice-principal, Enam Medical College, Savar) handed over the gift to Dr. Sarmin Rahman Mridu (Intern



Dr. Md. Khoibar Ali (Associate Prof. & Head of the Dept. of Paediatrics, Ibn Sina Medical College & Hospital) handed over the gift to Dr. Salauddin Sheikh (Intern Doctor, ISMCH).



Dr. Sharif Shamim (Dental Surgeon, Shaheed Suhrawardy Medical College) handed over the gift to Dr. Md. Tousifur Rahman (Intern Doctor, ShSMCH).



Dr. Md. Zahid Hassan Bhuiyan (Professor of Urology, Bangladesh Medical College, Dhaka) handed over the gift to Dr. Sadia Tahsin (Intern



Dr. AQM Hasan Tarique (Deputy Director, Dhaka Dental College Hospital) handed over the gift to Dr. Alamgir Hossain (Intern Doctor, DDCH).



Dr. M. Asaduzzaman Khan (Registrar, Medicine, Dhaka National Medical College Hospital) handed over the gift to Dr. Md. Awal Hossain (Intern Doctor, DNMCH).

## Prize Giving Ceremony at Faridpur & Kishoregonj



Prof. Dr. Mohidur Rahman ( Head of the Dept. of Physical Medicine, Jessore Medical College, Jessore) handed over the gift to Dr. Farhana & Dr. Abdul Awal, Intern Doctor, FMCH . Associate Prof. Dr. Shafiqur Rahman ( Head of the Dept. of Endocrinology, Jahurul Islam Medical College, Kishoregonj) handed over the gift to Dr. Mashfiqul Islam, Intern Doctor, JIMCH.





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Relieves allergic symptoms *fast*

- Suitable for Pregnant women
- Non sedating
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### Esogut

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**BIOPHARMA**

Improves GI motility & Quality of life



### Prize Giving Ceremony at Chittagong



Prize were distributed to the winners: Dr. Chinmoy Baidho- CMO SMCH, Dr. Salman Mohammad Karim Khan- CMCH, Dr. Chy Md. Imtiaz Shultan- USTC, Dr. Saila Nusrat- Southern Med. College Hospital, Dr. Tanvirul Arafat- IIMCH

*This is really a good approach of Bio-pharma for new interns like us. This will help us to enrich our thinking as well as skills.*

Dr. Yousuf  
Dhaka Medical College  
65th Batch

*Thank you very much Biopharma for their wonderful presentation. This give me a enjoy (a lot of) & many many excitement. Thanx again. Tania.*

Dr. Ishrat Jahan Tania  
Sir Salimullah Medical College  
35th Batch

*A lot of thanks to Biopharma Company for publishing such kind of magazine which contain a lot of knowledge. I wish a best future for the company.*

Dr. Naim Mahmud Chowdhury  
Dhaka Dental College  
46th Batch

*Thanks to BIOPHARMA LTD. for arranging such an enjoyable programme for the internee doctors. Keep staying with the interns always. Best wishes to the group.*

Dr. Kh. Fraha Dina  
USTC, Chittagonj  
20th Batch



**BIOPHARMA'S Journey in International Business**



Representative of U Than Aye Co. Ltd. (2nd from left) is handing over gift to Dr. Lokiat Ullah (extreme right) during visit to Myanmar.



Dr. Lokiat Ullah (extreme right) alongside with one of the Member of Ni Ni Myo Myo Co. Ltd. (2nd from left) in Yangon, Myanmar.



Dr. Lokiat Ullah (extreme left) alongside with Kenyan Partner Mr. Charles Aloice Okumu (2nd from left) & His Wife Isabella Okumu in Nairobi, Kenya.



Dr. Lokiat Ullah alongside with Kenyan Partner Dr. Mathew O. Owili (middle) in Nairobi, Kenya.



Dr. Lokiat Ullah (5th from left) alongside His Excellency Bangladesh Ambassador to UAE Dr. Mohammad Imran (4th from left), Uzbekistan Partner Mr. Yarkulov Alijon (extreme right) and UAE partner Dr. Jumaa El Saleh (3rd from



Dr. Lokiat Ullah (4th from left) alongside With Nutribio Representative Mr. Olivier LARDANS (3rd from left) & Prof. Dr. Mohammad Saleh Uddin Sayed (2nd from left).

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- 250 mg Capsule
- 500 mg Tablet
- 15 ml PFS
- 35 ml PFS
- 50 ml PFS

**Maczith**  
Azithromycin



### ৩৫ তম বিসিএস এর প্রিলিমিনারি ও লিখিত পরীক্ষার নম্বর বন্টন

প্রিলিমিনারি টেস্ট : ৩৫ তম বিসিএস-এর প্রিলিমিনারি টেস্ট ২০১৪ সালের ডিসেম্বর মাসের দ্বিতীয়ার্ধে অনুষ্ঠিত হতে পারে। সঠিক তারিখ, সময় ও আসনব্যবস্থা যথাসময়ে কমিশনের ওয়েবসাইট এবং সংবাদ মাধ্যমে প্রকাশ করা হবে।

(ক) প্রার্থীদেরকে ২০০(দুইশত) নম্বরের একটি লিখিত Multiple Choice Question (MCQ) Type প্রিলিমিনারি টেস্টে অংশগ্রহণ করতে হবে। পরীক্ষার পূর্ণ সময় দেয়া হবে ২(দুই) ঘণ্টা। Optical Mark Readable Lithocode যুক্ত উত্তরপত্র OMR মেশিনে কম্পিউটারের মাধ্যমে মূল্যায়ন করা হবে।

(খ) এই পরীক্ষায় মোট ২০০(দুইশত) টি প্রশ্ন থাকবে। প্রার্থী প্রতিটি শুদ্ধ উত্তরের জন্য ১(এক) নম্বর পাবেন, তবে ভুল উত্তর দিলে প্রতিটি ভুল উত্তরের জন্য ০.৫০ নম্বর কাটা হবে।

(গ) প্রিলিমিনারি টেস্টের MCQ উত্তরপত্র গোপনীয় দলিল হিসেবে গণ্য হবে। প্রিলিমিনারি টেস্টের উত্তরপত্র পুনঃনিরীক্ষণ বা পুনঃপরীক্ষণের আবেদন গ্রহণ করা হবে না।

(ঘ) প্রিলিমিনারি টেস্টের উত্তরপত্র কোনো প্রার্থী বা তার প্রতিনিধিকে কোনোভাবেই প্রদর্শন করা হবে না এবং উক্ত টেস্টের নম্বর কোনো প্রার্থী বা তার প্রতিনিধিকে প্রদর্শন বা প্রদান করা হবে না।

(ঙ) প্রিলিমিনারি টেস্টে অংশগ্রহণের ক্ষেত্রে প্রার্থীদের উপযুক্ততা এবং প্রিলিমিনারি টেস্টে কৃতকার্যতা নির্ধারণের ক্ষেত্রে কমিশনের সিদ্ধান্তই চূড়ান্ত বলে গণ্য হবে।

প্রিলিমিনারি টেস্টের বিষয় ও নম্বর বন্টন নিম্নে প্রদান করা হলো :

ক্রমিক নং	বিষয়ের নাম	নম্বর বন্টন
(১)	বাংলা ভাষা ও সাহিত্য	৩৫
(২)	ইংরেজি ভাষা ও সাহিত্য	৩৫
(৩)	বাংলাদেশ বিষয়াবলি	৩০
(৪)	আন্তর্জাতিক বিষয়াবলি	২০
(৫)	ভূগোল (বাংলাদেশ ও বিশ্ব), পরিবেশ ও দুর্যোগ ব্যবস্থাপনা	১০
(৬)	সাধারণ বিজ্ঞান	১৫
(৭)	কম্পিউটার ও তথ্য প্রযুক্তি	১৫
(৮)	গাণিতিক যুক্তি	১৫
(৯)	মানসিক দক্ষতা	১৫
(১০)	নৈতিকতা, মূল্যবোধ ও সুশাসন	১০
মোট		২০০

(চ) প্রিলিমিনারি টেস্টের বিষয়ভিত্তিক সিলেবাস কমিশনের Website-এ পাওয়া যাবে।

(ছ) যে সকল প্রার্থী প্রিলিমিনারি টেস্টে উত্তীর্ণ হবেন এবং যাদের বিপিএসসি ফরম-২ সম্পূর্ণরূপে ফ্রিটমুক্ত পাওয়া যাবে শুধু তারাই ৩৫ তম বিসিএস-এর লিখিত পরীক্ষায় অংশগ্রহণ করতে পারবেন। প্রিলিমিনারি টেস্টে উত্তীর্ণ প্রার্থীদের মধ্যে যে সকল প্রার্থী কমিশন কর্তৃক নির্ধারিত সময়ের মধ্যে বিপিএসসি ফর্ম-২ জমা দিবেন না সে সকল প্রার্থী লিখিত পরীক্ষায় অংশগ্রহণ করতে পারবেন না।

লিখিত ও মৌখিক পরীক্ষার বিষয়সমূহ ও নম্বর বন্টন : মোট নম্বর ১১০০ (মৌখিক পরীক্ষাসহ)

(১) সাধারণ ক্যাডারের জন্য :

	বিষয়	নম্বর বন্টন
(ক)	বাংলা	২০০
(খ)	ইংরেজি	২০০
(গ)	বাংলাদেশ বিষয়াবলি	২০০
(ঘ)	আন্তর্জাতিক বিষয়াবলি	১০০
(ঙ)	গাণিতিক যুক্তি ও মানসিক দক্ষতা (মানসিক দক্ষতা পরীক্ষার MCQ Type ৫০ টি প্রশ্ন থাকবে। প্রার্থী মানসিক দক্ষতা বিষয়ের প্রতিটি শুদ্ধ উত্তরের জন্য ১ (এক) নম্বর পাবেন। তবে প্রতিটি ভুল উত্তরের জন্য ০.৫০ নম্বর কাটা যাবে)	১০০
(চ)	সাধারণ বিজ্ঞান ও প্রযুক্তি	১০০
(ছ)	মৌখিক পরীক্ষা	২০০
সর্বমোট =		১১০০

(২) প্রফেশনাল/টেকনিক্যাল ক্যাডারের জন্য :

	বিষয়	নম্বর বন্টন
(ক)	বাংলা	১০০
(খ)	ইংরেজি	২০০
(গ)	বাংলাদেশ বিষয়াবলি	২০০
(ঘ)	আন্তর্জাতিক বিষয়াবলি	১০০
(ঙ)	গাণিতিক যুক্তি ও মানসিক দক্ষতা (মানসিক দক্ষতা পরীক্ষার MCQ Type ৫০ টি প্রশ্ন থাকবে। প্রার্থী মানসিক দক্ষতা বিষয়ের প্রতিটি শুদ্ধ উত্তরের জন্য ১ (এক) নম্বর পাবেন। তবে প্রতিটি ভুল উত্তরের জন্য ০.৫০ নম্বর কাটা যাবে)	১০০
(চ)	সংশ্লিষ্ট পদ বা সার্ভিসের জন্য প্রাসঙ্গিক বিষয়	২০০
(ছ)	মৌখিক পরীক্ষা	২০০
সর্বমোট =		১১০০

লিখিত পরীক্ষার সময়, মানবন্টন এবং মৌখিক পরীক্ষার নম্বর :

(ক) ২০০ (দুইশত) নম্বরের প্রতিটি বিষয়ের লিখিত পরীক্ষার সময় হবে ৪ (চার) ঘণ্টা এবং ১০০ (একশত) নম্বরের প্রতিটি বিষয়ের লিখিত পরীক্ষার সময় হবে ৩ (তিন) ঘণ্টা।

(খ) প্রার্থীদের জন্য সকল বিষয়ের পরীক্ষায় অংশগ্রহণ করা আবশ্যিক।

(গ) লিখিত পরীক্ষায় গড় ন্যূনতম পাস নম্বর হবে ৫০%। লিখিত পরীক্ষায় কোনো বিষয়ে ৩০% নম্বরের কম পেলে তিনি উক্ত বিষয়ে কোনো নম্বর পাননি বলে গণ্য হবে। কেবল লিখিত পরীক্ষায় উত্তীর্ণ প্রার্থীরাই মৌখিক পরীক্ষায় অংশগ্রহণের যোগ্য হবেন।

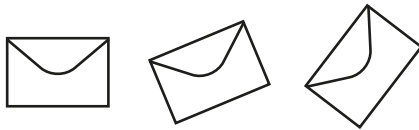
(ঘ) মৌখিক পরীক্ষার পূর্ণ নম্বর ২০০ এবং পাস নম্বর ৫০%। লিখিত এবং মৌখিক উভয় পরীক্ষায় আলাদাভাবে পাস করতে হবে।

(ঙ) সাধারণ ক্যাডার এবং কারিগরি/পেশাগত উভয় ক্যাডারের সঙ্গে কারিগরি ক্যাডার এবং শুধু কারিগরি ক্যাডারের জন্য পছন্দ দানকারী প্রার্থীর বেলায় সংশ্লিষ্ট পদ বা সার্ভিসের জন্য প্রাসঙ্গিক বিষয়ে ২০০ নম্বরের ৪ ঘণ্টা সময়ের একটি একক বিষয়ের লিখিত পরীক্ষায় অংশগ্রহণ বাধ্যতামূলক।

## Medi Quiz

- From when Physical Medicine & Rehabilitation is started as a post graduate course in BCPS ?  
A. 1980   B. 1985   C. 1990   D. 1995
- Ebola first appeared in ?  
A. 1970   B. 1976   C. 1980   D. 1986
- Man recovered from the Ebola disease can still transmit the virus through their semen for up to \_\_ weeks.  
A. 6   B. 7   C. 8   D. 9
- Acute EVD is characterised by  
A. Sudden onset of fever  
B. Intense weakness  
C. Muscle pain  
D. Above all

Please mail the Post Card within December 15 2014



## Letter Puzzle

**Instruction**

There are some scattered or unorganized letters and specific boxes for them. Rearrange those letters in such a way that indicate some meaningful word related to human body. Please fill up these boxes so that each letter remain in each box. There is also one shaded box in each row. If you rearrange the shaded letters you'll get antibiotic preparation of BIOPHARMA.

Please write down that drug name & its generic name in the specific space of the enclosed BUSINESS REPLY POSTCARD.

MEBERCED

--	--	--	--	--	--	--	--

RAXTHO

--	--	--	--	--	--	--

LISHENG

--	--	--	--	--	--	--

THEAR

--	--	--	--	--

PRODUCT NAME:.....

GENERIC NAME : .....

# think a Little

Look, think & with the prizes by answering the questions related to the picture below in the specific space of the enclosed Business Reply PostCard and send it before December 15, 2014

Each of the best 10 winners would get attractive prizes, So, dear doctors, Hurry up...



Q. What is your diagnosis?



Q. What is your diagnosis?



Q. What's the name of this instrument?



Q. What is your D/D?



Q. What's the name of this instrument?

Lactulose  
**Lactu**

Lactulose 3.35 gm/5ml

- 100 ml | Solution
- 200 ml |

# BESTCEF

Cefixime trihydrate

- 200 mg Capsule
- 400 mg Capsule
- 37.5 ml PFS
- 50 ml PFS
- 50 ml Forte

*Best for infections & oral Switch therapy*



# EsOcon

Once daily  
Esomeprazole

*Superior to all other PPIs in PUD*

- 20 mg Capsule
- 40 mg Capsule
- 40 mg IV Injection



  
**BIOPHARMA**

  
an ISO 9001:2008 Company

  
Reg. No. 859