

Bangkok
Joint Congress
APAAACI
APAPARI
11 - 14 October
2018

Joint Congress of
**Asia Pacific Association of Allergy,
Asthma and Clinical Immunology &
Asia Pacific Association of Pediatric Allergy,
Respirology and Immunology**

11 - 14 October 2018
Centara Grand & Bangkok Convention Centre at CentralWorld

*Novel Therapies, Prevention and Integrated Action:
Towards Improved Patient Care*

PROGRAM BOOK



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Coffee break, poster viewing and visit exhibition
10.00-10.30 (Exhibition Hall)

Congress Highlight (Food Allergy)
10.00-10.30 (Exhibition Hall)

Featuring Motohiro Ebisawa (Japan)
Interview by Pantipa Chatchatee (Thailand)

Symposium #9
Hereditary Angioedema (HAE) Management: An Update
10.30-12.00 Plenary Hall

Chairpersons: Narissara Suratannon (Thailand) and Peter Schmid-Grendelmeier (Switzerland)

10.30-10.50 HAE symptoms, pathophysiology, genetics and diagnosis
Marc Reidl (USA)

10.50-11.10 Update on International WAO/EAACI Guideline for the management of HAE
Connie Katelaris (Australia)

11.10-11.30 The value of patient advocacy groups and the key role of physician advisors
Anthony J. Castaldo & Henrik Balle Boysen & Fibna Wardman (HAEi)

11.30-11.50 Thai HAE patients registry
Gun Pongsamart (Thailand)

11.50-12.00 Q&A

Symposium #10
Food Allergies in Asia Pacific
10.30-12.00 (Meeting Room 2) Lotus 5-7

Chairpersons: Wasu Kamchaisatian (Thailand) and Naoki Shimojo (Japan)

10.30-10.50 Critical review of pro/prebiotics in food allergy and GLAD-P
Wen Chin Chiang (Singapore)

10.50-11.10 Low dose vs high dose oral immunotherapy for food allergy
Motohiro Ebisawa (Japan)

11.10-11.30 Plant-derived food allergy (grains, tree nuts)
Sooyoung Lee (South Korea)

11.30-11.50 Seafood allergy, the most common food allergens for Asia
Agnes Leung (Hong Kong)

11.50-12.00 Q&A

Symposium #11
Allergen, Mechanism and Biomarker
10.30-12.00 (Meeting Room 3) Lotus 3-4

Chairpersons: AB Singh (India) and Wanpen Chaicumpa (Thailand)

10.30-10.50 The second most important source of allergens in Asia
Anchalee Tangtrongchitr (Thailand) Cockroaches

10.50-11.10 Insect allergen and clinical allergy
Maria Socorro Agcaoili-de Jesus (Philippines)

11.10-11.30 Allergy to hydrolyzed wheat protein in Japan
Akiko Yagami (Japan)

11.30-11.50 Biomarkers in asthma
Iona Agache (Romania)

11.50-12.00 Q&A



Symposium #12

APSID Session 3: Innate Immunity Deficiency

10.30-12.00 (Meeting Room 4) Lotus 1-2

Chairpersons: Amir Hamzah Dato' Abdul Latiff (Malaysia) and Tassalpa Daengsuwan (Thailand)

- 10.30-10.55 Chronic Granulomatous Disease, a venue of infection and inflammation
Reinhard Seger (Switzerland)
- 10.55-11.20 Mendelian susceptibility to mycobacterial infection as in born errors of the innate immunity
Amir Hamzah Dato' Abdul Latiff (Malaysia)
- 11.20-11.45 Gain or loss - A story of STATs
Pamela Lee (HK)
- 11.45-12.00 The price to pay for universal BCG vaccination – could we avoid paying?
Panel Discussion

Free Paper 3

Rhinitis, Sinusitis and Immunotherapy

10.30-12.00 (Meeting Room 5) Lotus 11

Chairpersons: Orathai Piboonpocanun (Thailand), Mongkol Lao-Araya (Thailand)

- 10.30-10.45 Comparative metagenomic evaluation of nasal microbiota in infants with rhinitis in their first year of life – A Pilot Study
Gaik Chin Yap (Singapore)
- 10.45-11.00 Expression and mechanism of TLR2, TLR4 and NF-κB in the nasal mucosa of children with allergic rhinitis
Huasong Zeng (China)
- 11.00-11.15 Profound differences regarding T cell and IgG reactivity to house dust mite allergen molecules and peptides in sensitized and non-sensitized subjects
Huey-jy Huang (Austria)
- 11.15-11.30 Subcutaneous immunotherapy with house dust mite allergen extract-based Alutard SQ 510 induces an incomplete protective IgG response: A real life study
Azahara Rodríguez Dominguez (Austria)
- 11.30-11.45 Nasal mucosal brushing as a diagnostic method for house dust nasal allergy
Aneeza Hamizan (Australia)
- 11.45-12.00 CORRELATION BETWEEN TLR2 AND TLR4 WITH IL-5 ON CHRONIC RHINOSINUSITIS
Eryati Darwin (Indonesia)

Symposium #13 - Advocacy and Education in Allergy

12.00-13.30 Plenary Hall

Chairpersons: Ruby Pawankar (Japan) and Kanika Pirokrat (Thailand)

- 12.00-12.20 Asthma and Allergy Program: Korean experience
Yoon-Seok Chang (South Korea)
- 12.20-12.40 National Allergy Strategy: Australian experience
Richard Loh (Australia)
- 12.40-13.00 Atopic dermatitis education and advocacy
Sooyoung Lee (South Korea)
- 13.00-13.20 Food allergy education to families and school environment
Pakit Vichyanond (Thailand)
- 13.20-13.30 Q&A

CORRELATION BETWEEN TLR2 AND TLR4 WITH IL-5 ON CHRONIC RHINOSINUSITIS

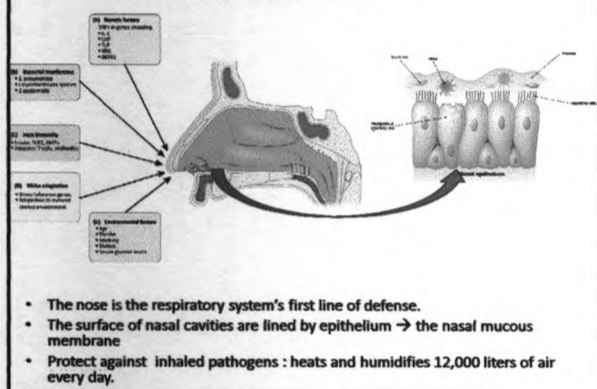


Eryati Darwin, Bestari Jaka Budiman and Dwitya Elvira
Faculty of Medicine Andalas University, Padang-Indonesia
October, 2018

Introduction

- Chronic rhinosinusitis (CRS) is an inflammatory disease of the sinonasal mucosa that persists for at least 12 weeks
- Associated with many factors that disrupt an immune function of the nasal mucosa
- The nose, paranasal sinuses, and associated lymphoid tissues play important roles in homeostasis and immunity, and CRS significantly impairs these normal functions.

The nasal mucosa

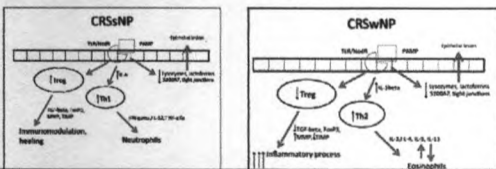


Chronic Rhinosinusitis (CRS)

- Inflammation
- Heterogeneous and multifactorial disease with unknown etiology
- Genetic and environmental factors include allergens, toxins, and microbial agents implicated in etiology of CRS.
- Resulting low quality of life, reduced workplace productivity, and serious medical treatment costs.

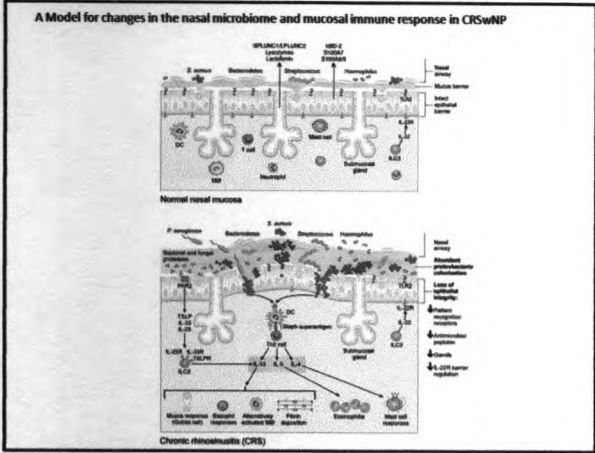
Classification of CRS

- Phenotype:
 - CRSwNP is characterized by the presence of polyps and an eosinophilic inflammatory infiltrate
 - CRSsNP is characterized by noneosinophilic inflammation associated with neutrophil accumulation, tissue remodeling, and fibrosis.
- Further subtype:
 - clinical criteria
 - severity
 - histopathologic features
 - variability of tissue markers: albumin, IgE, and IL-5

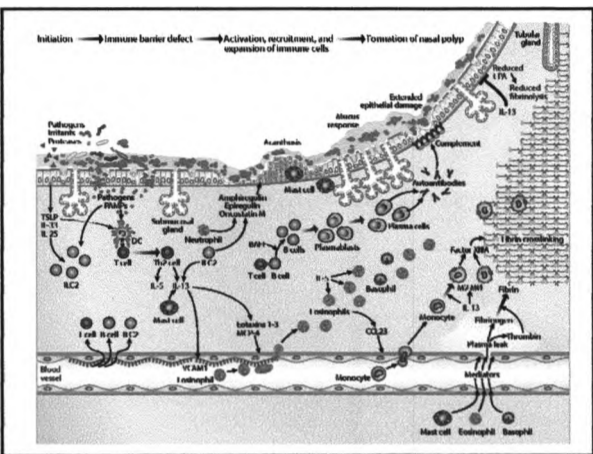
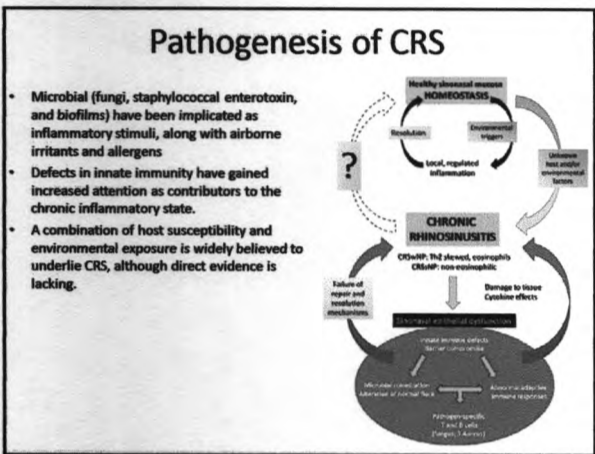


Etiology and pathogenesis of CSR

- fungal hypothesis
- superantigen hypothesis
- biofilm hypothesis
- microbiome hypothesis, which emphasize key environmental factors
- eicosanoid hypothesis
- immune barrier hypothesis, which describe specific host factors



- A Model for changes in the nasal microbiome and mucosal immune response in CRSwNP**
- The changes that occur in the microbiome in patients with CRSwNP, including increased *S. aureus* abundance
 - decreased Bacteroidetes and decreased diversity
 - These changes, along with loss of epithelial integrity, decreased pattern recognition molecules, decreased mucosal glands and decreased antimicrobial peptide production in the nasal polyp and sinus tissue
 - → can potentially provide an environment that promotes invasion of microorganisms across the mucosal barrier.
 - Enterotoxins produced by *S. aureus* can act as superantigens and promote Th-2 inflammation, resulting in production of cytokines such as IL-13, IL-4 and IL-5 that further recruit and activate inflammatory cells such as eosinophils, mast cells, basophils and alternatively activated macrophages.
 - Bacterial and fungal proteases can induce production of thymic stromal lymphopoietin (TSLP)



Aim of Study

to define the role of TLRs and IL-5 on CRS

- Methods**
- Cross Sectional study
 - Nasal tissues: obtained from 12 patients with CRS were diagnosed by European Position Paper on Rhinosinusitis
 - Controls: obtained from nasal tissues of non-CRS patients which are conducted septoplasty or rhinoplasty
 - Tissues: collect during surgery.
 - Paraffin block stained with immunohistochemical methods, using Mab anti-TLR2, TLR4 and IL-5.
 - Approved by Research Ethic Committee of Faculty of Medicine Andalas University

Results

Table 1: Characteristic of subjects

CHARACTERISTIC	CRS (n=12)	CONTROL (n=12)	p
Gender			
- Man	7 (58,3%)	5 (41,7%)	0,41
- Woman	5 (41,7%)	7 (58,3%)	
Age			
	37,58±8,59	34±13,83	0,45
CRS and bacteriologis			
- CRS with polyp (CRSwNP)	7 (58,3%)		
Gram positive bacteria	4 (57%)		
Gram negative bacteria	3 (43%)		
- CRS without polyp (CRSsNP)	5 (41,7%)		
Gram positive bacteria	3 (60%)		
Gram negative bacteria	2 (40%)		

• Cho et al.2016: CRSsNP is more prevalent than chronic rhinosinusitis with nasal polyps CRSwNP
 • The results on bacterial diversity in CRS are varied

Table 2 : Percentage of TLR2 ,TLR4 and IL-5 expression on CRS and Control groups

VARIABLE (mean±SD)	CRS (n=12)	CONTROL (n=12)	p
TLR2	84,08±1,45	79,91±1,87	0,549
TLR4	92,91±1,08	90,91±1,142	0,645
IL5	79,16±13,49	88,41±18,87	0,180

TLRs recognize / detect a broad range of human pathogens (pathogen-associated molecular pattern molecules)
 TLR2 recognize gram-positive bacteria
 TLR4 recognize exogenous molecules from gram-negative bacteria (e.g., LPS)
 TLR2 and TLR4 is also involved in the recognition of endogenous molecules released by injured tissues and necrotic cells (damage-associated molecular pattern molecules)
 Most of control group were septal deviation→ epithelial shadding→ air flow irritation
 IL-5: Type 2 cytokines, control the inflammation in eosinophilic CRSwNP.

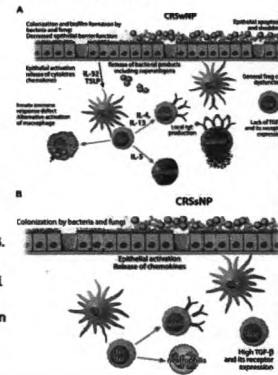
Table 2 :Correlation between TLR2 and TLR4 with IL-5

	IL-5	p
TLR2	R=0,487	0,109 (weak)
TLR4	R=0,321	0,309 (moderate)

- TLRs play a role in early innate immune response to invading pathogens
- TLR2 and TLR4 have clear specificity for different microbial ligands, the actual mechanism of TLR activation is still unclear.
- IL-5 stimulates B cell growth and increases immunoglobulin secretion. It is also a key mediator in eosinophil activation
- Zhang et al (2017):
- inflammatory signatures of CRS vary around the world, In Asia: less eosinophilic and more neutrophilic inflammation compared with Europe and North America.
- in the Western world about 80% of nasal polyps carry a type 2 signature, this might be between 20% and 60% in China and Korea or Thailand, respectively.

Pathomechanisms of CRS. A. CRSwNP

- TH2-type with general lack of regulatory T (Treg) cell function, IL-5 induces eosinophilia, and IL-4 and IL-13 induce local IgE production.
- Activated macrophage subset contributes to the inflammation.
- The activation of epithelium colonized by bacteria and fungi leads to release of proinflammatory chemokines and cytokines with increased thymic stromal lymphopoietin (TSLP) and IL-32 levels.
- Activated epithelial cells die, with apoptosis resulting in a compromised epithelial barrier. B. CRSsNP.
- Instead of a TH2-skewed T-cell response, a TH1 or a mixed TH0 response predominates, neutrophilia is often associated, and expression of TGF-β and its receptors is increased. DC, Dendritic cell.



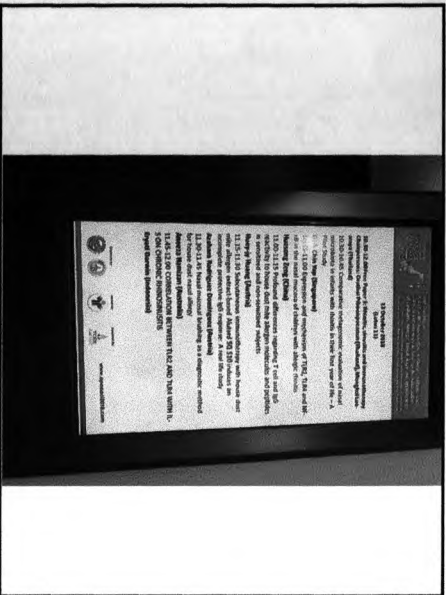
Conclusion

- Chronic rhinosinusitis (CRS) is probably not caused by microorganisms, but more related to allergy



มหาวิทยาลัย, Sumatera Barat

Thank you



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Novel Therapies, Prevention and Integrated Action: Towards Improved Patient Care



CERTIFICATE OF ORAL PRESENTATION


Presented to

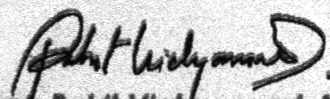
Prof. Eryati Darwin

for the presented paper entitled

"CORRELATION BETWEEN TLR2 AND TLR4 WITH IL-5 ON CHRONIC RHINOSINUSITIS"

at the Joint Congress of
Asia Pacific Association of Allergy, Asthma and Clinical Immunology &
Asia Pacific Association of Pediatric Allergy, Respiriology and Immunology
11 - 14 October 2018
Centara Grand & Bangkok Convention Centre at CentralWorld


Prof. Kiat Ruxrungtham, MD
Chairperson, Local Organizing Committee


Prof. Pakit Vichyanond, MD
Chairperson, Scientific Committee
APAAACI & APAPARI 2018



APAAACI 30th ANNIVERSARY

2019 APAAACI INTERNATIONAL CONFERENCE

2019 CSA ANNUAL SCIENTIFIC MEETING

Memorable history, Glorious present, and Splendid future: Current to emerging therapies for better patient care.

PROGRAM



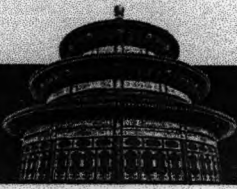
**5-7 SEPTEMBER, 2019
BEIJING, CHINA**





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PROGRAM - APAAACI2019

5-Sept. 2019		CNCC 307A	
09:00-17:00	APAAACI Allergy training school		
Chair: Su Duan (China)			
09:00-10:00	Asthma in young children	Hugo Van Bever	Singapore
10:00-11:00	Rhinitis	Yuan Zhang	China
11:00-12:00	Food allergy	Bee Wah Lee	Singapore
13:00-14:00	Diagnostic tools in chronic urticaria	Amir Latiff	Malaysia
14:00-15:00	Vaccines and allergies	Iris Rengganis	Indonesia
15:00-16:00	Immunotherapy	Jiu-Yao Wang	Taiwan, China
16:00-17:00	Anaphylaxis	Ruby Pawankar	Japan
CNCC 306B			
10:00-12:00	Molecular allergy workshop		
10:00-10:45	International consensus on molecular allergology	Ruby Pawankar	Japan
10:45-11:30	Importance of molecular allergology in diagnosis of allergic diseases	Jiu-Yao Wang	Taiwan, China
11:30-12:00	Free discussion on practical aspects		
CNCC 311B			
13:30-17:40	Junior member forum		
Chairs: Sze Yin Agnes Leung (HK, China), Jing Li (China)			
13:30-13:40	Opening remarks	Ruby Pawankar	Japan
13:40-14:10	Ins and Outs of conducting good clinical trials	David Fleischer	US
14:10-14:40	The path to precision medicine	Alessandro Fiocchi	Italy
14:40-15:10	Is asthma a western disease? Lessons from China: Exposure to environmental micro-organisms in the regulation in development of allergic asthma	Jing Li	China
15:10-15:30	Coffee break		
Chairs: Lei Cheng (China), Jie Shao (China)			
15:30-16:00	How to tackle allergic rhinitis in Asia?	Soumya Subhash	India
16:00-16:30	Children asthma action plan in China	Kunling Shen	China
16:30-16:40	Coffee break		
16:40-17:00	Epithelia cell derived cytokines: A new asthma endotype	Wei Tang	China
17:00-17:20	Insect venom allergy in China	Kai Guan	China
17:20-17:40	Increasing prevalence of allergic rhinitis in China	Yuan Zhang	China
CNCC Ball room A			
18:00-19:30	Welcome reception		



PROGRAM - APAAACI2019

6-Sept, 2019		CNCC Great Hall B	
08:00-08:15	Opening ceremony		
08:15-08:45	30 th Anniversary APAAACI ceremony		
08:45-09:25	APAAACI Keynote lectures		
Chairs: Hee Bom Moon (Korea), Yoon-Seok Chang (Korea)			
08:45-09:05	Chronic rhinosinusitis with nasal polyps in Asia	Luo Zhang	China
09:05-09:25	Allergies in Asia pacific: a growing burden in a changing environment: call to action	Ruby Pawankar	Japan
09:25-10:25	EAAS Symposium		
Chairs: Motohiro Ebisawa (Japan) , Ho Joo Yoon (Korea), Lianglu Wang (China)			
09:25-09:45	Periostin, an emerging biomarker for allergic diseases	Kenji Izuhara	Japan
09:45-10:05	Severe asthma and asthma-COPD overlap syndrome: perceptions and real life	Sang Heon Kim	Korea
10:05-10:25	Chinese guidelines for the management of allergic rhinitis	Lei Cheng	China
10:25-10:40	Coffee break		
10:40-11:40	CSA Keynote Lectures (in Chinese)		
Chairs: Xueyan Wang (China), Yinshi Guo (China), Zheng Liu (China)			
10:40-11:00	Recurrent urticaria and anaphylaxis	Yin Jia	China
11:00-11:20	The clinical application and development of allergen molecular diagnosis	Lianglu Wang	China
11:20-11:40	Chronic nasal disease research in China	Luo Zhang	China
11:40-11:55	MSD Symposium (in Chinese)		
11:40-11:55	Research progress on chronic rhinitis in China	Luo Zhang	China
11:55-12:10	Thermo Fisher Symposium (in Chinese)		
Chair: Lianglu Wang (China)			
11:55-12:10	Accurate diagnosis, accurate disease management	Jie Shao	China
12:10-12:25	Xian Janssen symposium		
Chair: Luo Zhang (China)			
12:10-12:25	Tackle with the impact from environment to nasal inflammation — current practice and emerging evidences	Lei Cheng	China



INTERNATIONAL CONGRESS OF ASIA PACIFIC ASSOCIATION OF ALLERGY, ASTHMA AND CLINICAL IMMUNOLOGY
ANNUAL MEETING OF CHINESE SOCIETY OF ALLERGY



5-7 SEPTEMBER, 2019
 BEIJING, CHINA



Certificate of Attendance

This is to certify that

ERYATI DARWIN

as a Speaker in the

APAAACI 30th Anniversary
2019 Apaaaci International Conference
2019 CSA Annual Scientific Meeting

5-7 September, 2019 Beijing, China

Ruby Pawankar, MD, PhD
 President, APAAACI
 Co-Chair
 APAAACI 2019 Joint CSA 2019

Luo Zhang, MD, PhD
 Immediate Past President, CSA
 Co-Chair
 APAAACI 2019 Joint CSA 2019

Lianglu Wang
 President, Chinese Society of Allergy
 Co-Chair, LOC
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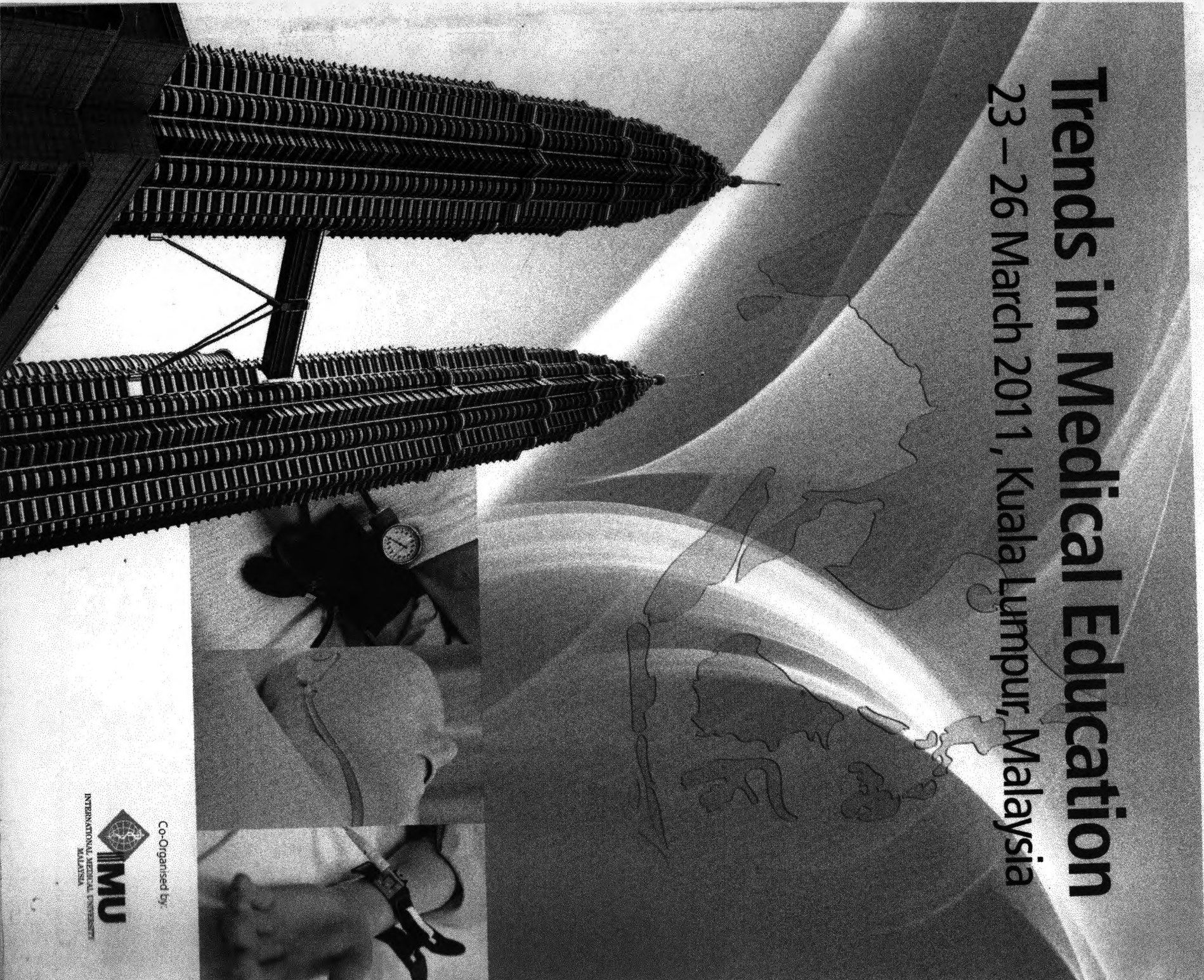
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**6TH CONGRESS OF THE ASIAN
MEDICAL EDUCATION ASSOCIATION**

Trends in Medical Education

23 – 26 March 2011, Kuala Lumpur, Malaysia



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Results

All 20 universities completed the survey (response rate of 100%). The average number of teachers per university was 15.9 (professors 7.2, associated professors 3.7, instructors 0.5, and assistants 4.6). The total amount of time for lecture and in-school training ranged from 750 to 1590 (average 1091) hours and from 600 to 1605 (average 1040) hours, respectively. As a result of the curriculum revision, the reduction of lecture hours was done in 10 universities recently. The average duration of on-site training and research training were 12.8 (median 12, range 8-16) weeks and 6.1 (median 6, range 3.5-12) months, respectively. PBL tutorial curriculum has been introduced in 8 universities. Among 2022 graduates from 20 universities between 2006 and 2008, 1247 (61.7%) were working in hospitals as medical technologists, 193 (9.5%) were working in medical institutes as medical researchers, and 45 (2.2%) were working as non-medical workers. The average numbers of graduate students per university were: 11.9 (2006), 11.3 (2007), 10.2 (2008) for master's degree and 1.25 (2006) 1.36 (2007), 1.64 (2008) for doctor's degree.

Conclusion

The education system for medical technologists in Japan has been changing to develop multi-skilled professionals.

ABSTRACT NUMBER: PE 29

Evaluation of relationship between family social support and well-being in nursing and midwifery students.

Zahra Shogaeian¹ and Zahra Dalir²

¹ Islamic Azad university of Ghouchan branch, Iran

² Mashhad University of Medical Sciences, Mashhad, Iran

Background

Most student's entrance to university is combined with worry, tension and excitement the need for spiritual and family support is increased for the most students. In this period the need for spiritual and family support is increased, so we decided to research the relationship between family social support and well-being in nursing and midwifery students.

Methods

In this descriptive-analytic study, 180 students took part (95 nursing and 85 midwifery students) according their attendance in Azad university of Ghouchan. Sample selection form, demographic characteristic questionnaire, Procidano and Heller family and social support and General Health questionnaires (GHQ) were answered by students. Finally data gathering of questionnaires that without exclude criteria and statistical measures were with one-way ANOVA and chi-square test.

Results

Findings showed that, 52% of students had good well-being and 46/3% of students had displeasing well-being. The mean family social support score was $(30/9 \pm 7/2)$. 8% of students had weak family social support. 28% of students had moderate, and 63/4% of them with good family social support, and Wilcoxon test showed midwifery students had significantly higher family social support than nursing students ($P=0/004$). ANOVA test showed, there was significant relationship between mean of well-being and mean of family social support. ($p<0/001$)

Conclusion

According to the results of this research more family social support shows with better well-being score. Therefore longitudinal researches in different course are recommended.

ABSTRACT NUMBER: PE 30

Evaluation of the implementation of competency-based curriculum at the Faculty of Medicine Andalas University - Padang

Eryati Darwin

Andalas University, Padang, Indonesia

Background

To increase the Indonesian doctors competence, since 2005 the faculty of medicine in Indonesia has gradually changed to competence-based learning methods. The length of study with this methods was 5 years and followed with internship program for 1 year. The Medical Faculty of Andalas University has implemented this method since 2004, thus becoming the first Medical Faculty in Indonesia to implement the Internship Programe for Indonesian doctors. Before 2004, Faculty of Medicine Andalas University has been through a few educational methods, starting from clinical-based education and, then the Core Curriculum of Indonesian Doctors Education I and II with the paradigm of Community Oriented Medical Education (COME). Various fundamental changes have been done in implementing competence-based curriculum, where the learning process with teacher-centered curriculum has changed into a student-centered with the SPICES (Student-centered, Problem-based, Integrated, Community-based, Early Clinic Exposure, Systematic) principle.

Methods

To compare the different learning process using teacher-center before the year 2004 (conventional methods) with competence-based learning methods, it was evaluated based on the learning outcomes of graduates from the class of 2003 and 2004. The evaluation was done against the length of study, Cumulative Prestation Index and the results of the Indonesian Doctors' Competence Examination.

Results

Evaluation results showed that the length of study of the doctors with conventional methods, were from 5 years 9 months to 7 years 2 months, while with competence-based learning methods were from 5 years 2 months to 6 years 4 months. Cumulative Prestation Index of the doctors with conventional methods were from 2, 47 to 3.36, whereas with the competence-based learning methods were from 2, 52 to 3.39. The results of Indonesian Doctors' Competence Examination showed that 89, 21% doctors with conventional methods passed at the first exam, while the doctor with the competence-based learning methods, 89, and 74% passed at the first exam.

Conclusion

The average length of study in both education methods was equal with the length of study from each programme. Indonesian Doctors' Competence Examination results also show no difference. In both methods, the average of Cumulative Prestation Index was significantly decreased with the length of study.



Evaluation of the implementation of competence-based curriculum at the Faculty of Medicine Andalas University-Padang

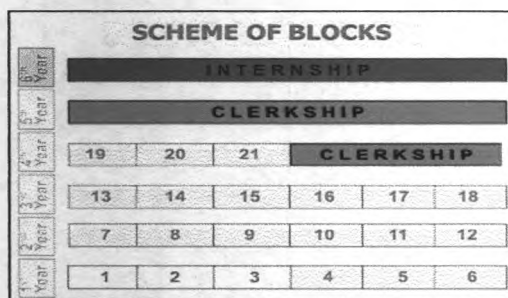
Eryati Darwin, Faculty of Medicine Andalas University, Padang-Indonesia

Background

To increase the Indonesian doctors competence, since 2005 the faculty of medicine in Indonesia is gradually changed to competence-based learning methods.

Table: Conventional learning method in compare to competence-based learning methods in Faculty of Medicin Andalas University-Padang

CONVENTIONAL METHODS	COMPETENCE-BASED LEARNING
Implemented until 2004	Implemented 2004
Core curriculum of Indonesian Doctors Education	Competence-based curriculum
Teacher center	Student center
Information gathering	Problem-based
Departemental- based	Integrated
Standard course	Community oriented
Apprenticeship	Systematic
Length of study: 6 years - Academic: 4 Years → Lecture - Clerckship: 2 yers	Length of study: 5 years - Academic: 3 ears 6 month → Block - Clerckship : 1 year 6 month INTERNSHIP : 1 year
Community oriented Medical Education (COME)	Family oriented Medical education (FOME)



Block	Name of Block	Block	Name of Block
1	Introd.Med. Education	12	Digestive system Disor
2	Cardiorespiratory	13	Neurobehavior Disorders
3	Neuromusculoskeletal	14	Cardiovascular Disorders
4	Digst, metab, hormones	15	Respiratory Disorders
5	Urogenital	16	Urogenital disorders
6	Life cycle	17	Neuromusculoskeletal Disor
7	Cell growth and Cancer	18	Sense Disorders
8	Immunol. and Infection	19	Manag of Treopicl diseases
9	Reproduction	20	Elective
10	Hematolymph. Disorders	21	Emergency and Patient Safety
11	Hormones ,metab Disor		

Methods

To know the difference of learning process using teacher-center before the year 2004 (conventional methods) with competence-based learning methods, it was evaluated the learning outcomes of graduates from the class of 2003 and 2004. The evaluation was done against the length of study, Cumulative Prestation Index and the results of the Indonesian Doctors' Competence Examination.

Results

Table: Length of study, Cumulative Prestation Index and results of Indonesian Doctors' Competence Examination of Doctors with conventional method and Competence-based Learning method in Faculty of Medicine Andalas University, Padang

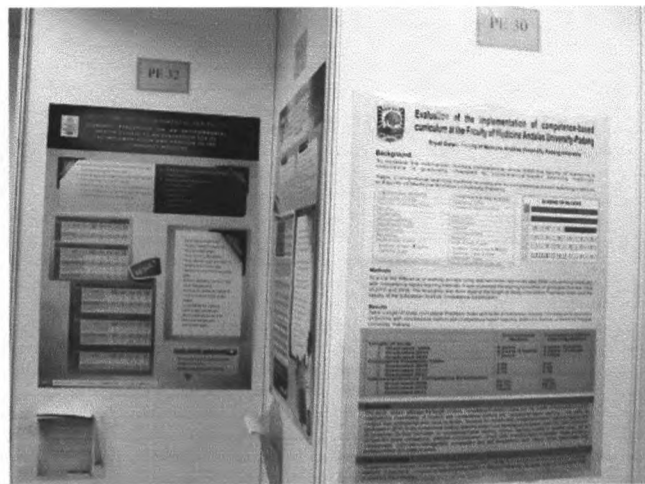
	Conventional Method	Competence-bBsed Learning Method
Length of study		
1. Graduated 2009	6 years	5 years, 2 month
2. Graduated 2010	6 years, 5 month	5 years , 6 month
3. Graduated 2011	7 years	6 years
Cumulative Prestation Index		
1. Graduated 2009	3.04	3.07
2. Graduated 2010	2.99	3.05
3. Graduated 2011	2.75	2.79
IndonesianDoctors' Competence Examination		
1. Graduated 2009	94.2%	100%
2. Graduated 2010	88,7%	94.3%
3. Graduated 2011	78.8%	75.2%

Discussion

This study shows average the length of study, Cumulative Prestation Index and the results of Indonesian Doctors' Competence Examination of Doctors with conventional method and competence-based learning. The ability to conduct their professional work cannot be known, because the doctors with competence-based Learning method was graduated in 2010. In the conventional method, learning system was departmental-based, used the Core Curriculum of Indonesian Doctors Education. In competence-based learning method, learning system of medical study are to achieve the seven competency : effective communication, clinical skills, scientific basis of medicin, health problems management, information management, introspection and self development, and ethics, moral, medicolegal and professionalism and patients safety.

Take home message

To determine the success of competency based learning system, research is needed on doctors who got conventional methods, compared to competence-based learning method in terms of achieving the seven areas of competency that is applied in this methods.



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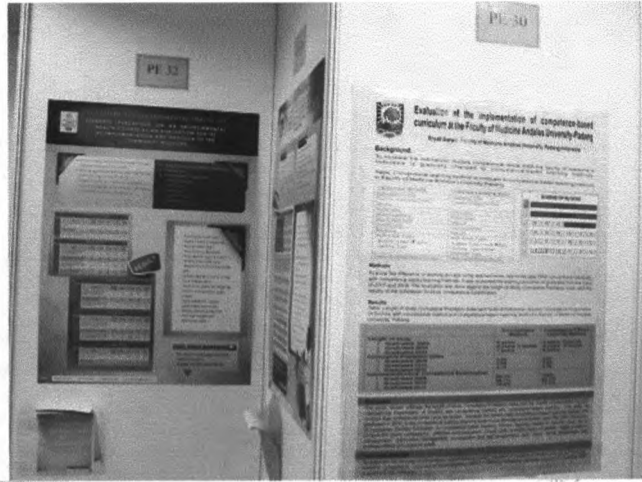


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**6TH CONGRESS OF THE ASIAN
MEDICAL EDUCATION ASSOCIATION (AMEA)**
(hosted by International Medical University, Kuala Lumpur, Malaysia)

CERTIFICATE *of* ATTENDANCE

This is to certify that

ERYATI DARWIN

participated in the

**Sixth Congress of the Asian Medical Education
Association (AMEA-2011)**

“Trends in Medical Education”

held at the

International Medical University, Kuala Lumpur, Malaysia

on

23 - 26 March 2011

Professor Victor Lim
Chairman, Organising Committee

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