



IMPA

THE OFFICIAL NEWS LETTER OF THE INDEPENDENT
MEDICAL PRACTITIONERS ASSOCIATION

NEWS

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FROM THE **PRESIDENT'S PEN...**



I am pleased to present you the IMPA April 2024 e-newsletter.

A very informative Medical Update Programme was held at King's Hospital Auditorium on Sunday 28th April 2024. The topics covered were "Liver Transplantation" by Prof Thamara Perera and a presentation on "Artificial Intelligence (AI)" by Amri Shafeek of 'ClinicalPad' which is due to be offered free of charge to Sri Lanka .

IMPA members and medical professionals are requested to forward articles and news of significance to the IMPA e-newsletter (Maximum word count of approximately 300).

I request all medical practitioners in fulltime private practice to join the IMPA in order to strengthen the private health sector.

Any suggestions are welcome to improve the IMPA e-newsletter, website and other services provided.

Thank you,

Yours Sincerely,
Dr. A.H.A. Hazari
President
IMPA

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28th April 2024 at the Kings Hospital Auditorium

Two eminent speakers shared their thoughts

“Liver Transplantation - When and For Whom; Sri Lankan Perspectives”

By *Professor Thamara Perera*, MBBS (Kel), MS (Col), FEBS (UEMS), MD (Birmingham), FRCS (Eng), Consultant Hepatobiliary and Liver Transplant Surgeon

“A new way to create clinical letters using artificial intelligence (AI)”

by *Amri Shafeek*, Co-Founder & Director, Clinical Pad Ltd, UK



Sinister polyps In the Nose

Dr Devanand Jha

ENT Surgeon, Lanka Hospital

A cursory examination in the nose can reveal polyps or polypoidal lesions blocking the nasal cavity. The general tendency is to presume that they are of allergic origin and we start conservative treatment. This is more so if specially if the patients also insist on only medical treatment for their nose block.

This write up is to make the clinicians aware of the fact that all polyps or polypoidal lesions are not harmless.

- 1. Inverted Papilloma:** This entity is being seen more frequently in our practice nowadays. A clue to the diagnosis is that they are usually unilateral. They can be diagnosed on CT and MRI scans. A biopsy of the polyp will establish the diagnosis. In most instances they are diagnosed after a formal endoscopic sinus surgery is done . It is imperative that we keep a close follow up as these are aggressive lesions and can turn malignant occasionally.
- 2. Allergic Fungal Sinusitis:** Another common entity where the polyps are present in addition to allergic Fungal mucin (Inspissated black debris). They are locally invasive and remodel

the surrounding bones. The patients usually present with nasal obstruction and headache. The treatment is surgery to clear the sinuses.

- 3. Meningoceles and Encephaloceles:** Not all meningoceles or encephaloceles present with CSF leak . They may only present as nasal blockage where conservative treatment will not work. These entities need reduction of the lesion up to the skullbase and repair of the defect in the skullbase.
- 4. Malignancies:** Various malignancies like carcinomas and esthesioneuroblastomas can present as polyps or polypoidal lesions. They would need appropriate treatment depending on the histopathology.

In summary

Nasal polyps or polypoidal lesions can be sinister. CT Scan is essential as a first line of investigation (Plain XRAY of the paranasal sinus is of limited value). MRI Scan is often a useful adjunct. An initial biopsy is often valuable (Do not biopsy a meningocele or an angiofibroma in an office setting!). The result will be disastrous.

The chicken that saved her life!

Dr (Mrs) Eranthee Walgampaya

MBBS (Manipal India), MCGP (SL), DiplBLM (USA)
Family Physician and Certified Lifestyle Medicine Physician

Mrs X, 55 years of age, presented to the clinic with a genuine history of right side chest pain after trying to tear apart a full chicken which she was getting ready to make for a curry. The chicken had hit her chest with quite a blow. This had happened few days before she came to me. Since the pain was persistent she needed medical advice.

There was no significant medical or family history. Other than her increased BMI she was quite healthy and not on long term medications.

After listening to her story, her symptoms were typical of musculoskeletal like pain. However, rather than prescribing some NSAIDs and pain relief, I felt a breast and chest examination was timely. There was no bruise externally and her auscultation findings were unremarkable. However, my clinical suspicion didn't stop there. I got her consent to examine the breasts. Left breast examination was normal but sadly her right breast examination on deep palpation presented a hard lump in the 8 o'clock position.

After explaining to the patient the importance

of further tests, I requested her to get an urgent mammogram and ultrasound scan of bilateral breasts which confirmed my diagnosis of breast cancer. Thereafter she was referred to FNAC and surgical opinion for further management.

She least expected this kind of news when she thought it was a simple muscle pain that she had come with. However, with compassionate and continuation of care we as Family Physicians can help in a greater and deeper way.

Take home message and learning point for me as well was, to see the unseen in general practise and not miss the sinister signs. Her persistent pain was what triggered me to further examine her breasts.

She is currently treated at Maharagama for Ca Breast and on follow up she was grateful that it was detected early.

A story that I will always remember.

Highlights of the Advisory Committee meeting on Anti-Microbial Resistance

Dr Sujatha Samarakoon

MBBS (Cey), MSc, MD, Dip GUM (Lond), FCCP(SL)
Consultant Venereologist & Public Health Specialist
Advisory Committee member on Anti-Microbial Resistance

Date and Time: 17.4.2024
Time: 2.30 - 3.30pm
Venue: Auditorium of Ministry of Health

Dr P G Mahipala (Secretary Health) chaired the meeting - Key issues discussed with the leadership of Sec health were:

- 1) The National Strategic Plan launched few months ago consist of seven key strategic areas. The document is available in the Ministry of Health website for perusal.
- 2) Around 50% of patients seek OPD services from the government sector and the balance from the private sector.
- 3) The classification of Access, Watch and Reserve (AWaRe) has to be adhered by all government and private sector doctors.
- 4) Watch group can be prescribed only under the guidance of a specialist medical practitioner. this guideline cannot be met by full time GPs and same principle apply to the Watch group The guideline needs discussion with the consultant microbiologist.
- 5) Clinical Microbiologists should be vigilant of antibiotic use and consulted accordingly. Clinicians not consulting microbiologists mentioned.
- 6) Need to educate the full time GPs on the National Strategic Plan and the regulations of the government.
- 7) The General Circular No: 01-13/2024 on Implementation of AWaRe classification of Antimicrobials in Healthcare Institutions in Sri Lanka is available on the net and will be circulated to full time GPs.
- 8) Antibiotic Charts have been introduced to the hospitals.
- 9) There are no research data on antibiotic resistance of different antibiotics and the specialities where resistance forms are observed e.g. Gynae and Obs, and Paediatrics etc.
- 10) Any resistance forms for antiretroviral drugs were inquired.
- 11) The resistance to anti TB drugs is low because of its strict procurement and dispensing patterns.
- 12) There are no community audits.
- 13) Over the counter purchase of antibiotics and quacks practicing medicine was mentioned with no strategy to overcome them was noted.
- 14) A Pharmacy Audit needed
- 15) A Data base on imports of drugs is not available at the Customs.
- 16) The Swastha system is in place for procurement purposes.
- 17) Expired drugs are destroyed in large quantities, on inquiry how they are being destroyed no definite reply received.
- 18) Details of drug imports to the Veterinary Department are available as per the Registrar who represented the Veterinary Department. Around 34.6 metric tons of drugs are imported annually by the Veterinary Department
- 19) The Ministry of Fisheries - antibiotics are used in the Ornamental Fish Industry and the water used is contaminated with antibiotics which pollutes the environment.

Relevant to IMPA

- 1) National Strategic Plan on AMR is available on the internet for perusal
- 2) A community audit needed
- 3) A Pharmacy audit needed
- 4) The circulars issued to the government sector will be shared with the Private Sector colleges
- 5) Full time GPs will be educated on AWaRe classification and government strategies.

Transforming Clinical Documentation in Sri Lanka with ClinicalPad



Amri Shafeek

Omar Mowlana

Co-Founders - ClinicalPad

In 2022, a ground-breaking solution named ClinicalPad was introduced to revolutionise the field of medical documentation. Designed by clinicians, for clinicians, this web-based writing tool harnesses the power of Artificial Intelligence (AI) and Machine Learning (ML) to vastly improve the speed and accuracy of clinical documentation processes.

Traditional medical transcription services, often inefficient and costly, have long posed challenges for healthcare professionals. ClinicalPad was born out of the need to address these issues effectively. By reducing the time required to compile clinical documentation to mere seconds, ClinicalPad stands out as a beacon of efficiency, ensuring that healthcare professionals can meet the high standards demanded in medical practice.

With its initial focus on clinical letters, ClinicalPad is poised to expand its offerings to include a wide range of documentation types such as SOAP notes, H&P notes, discharge notes, and more. Features such as dictation, transcription capture, team collaboration tools, task assignments, and customisable templates will significantly ease the administrative burdens faced by clinicians and staff.

Importantly, ClinicalPad has been meticulously trained on medical data from the UK, making it an invaluable tool for clinicians in Sri Lanka, particularly for those whose first language is not English. This ensures consistently accurate and professional documentation.

The financial and operational benefits of ClinicalPad cannot be overstated. It promises to reduce medical transcription costs by up to 85%, thereby increasing efficiency and productivity within clinical environments. After successful prototype testing in the UK, the platform is set to be launched globally in mid-May 2024.

The visionary team behind ClinicalPad, including co-founders Amri Shafeek and Omar Mowlana, brings a wealth of diverse and global experience. Their leadership is driving the platform towards becoming a vital tool for healthcare systems worldwide.

Clinicians in Sri Lanka are encouraged to register their interest at clinicalpad.com [Clinical Pad | A New Way To Create Clinical Letters](#) to be among the first to leverage this innovative tool, ushering in a new era of efficiency in healthcare documentation.

The Antimicrobial Resistance and the strategic plan

Dr Sujatha Samarakoon

MBBS (Cey), MSc, MD, Dip GUM (Lond), FCCP(SL)
Consultant Venereologist & Public Health Specialist

The National Strategic Plan (NSP) for combating Antimicrobial Resistance in Sri Lanka (2023-2028) is available in the Ministry of Health web site. The seven priority areas and strategies are given in the table below. The implementation and monitoring and evaluation of the NSP will be funded by Government of Sri Lanka, WHO and the Flemming Fund.

The Antimicrobial Resistance Advisory Group meeting was held on 17th April 2024 and the Secretary Health chaired the meeting. Full time private practitioners will be educated on Access, Watch and Reserve (AWaRe) classification and government strategies. The circulars issued to the government sector will be shared with the Private sector Colleges. The National Antibiotic

Priority areas of the National Strategic Plan for combating AMR in Sri Lanka

Priority areas	Strategies
1- Advancing the National Response to AMR	Improve multisectoral governance and coordination mechanism for the implementation and monitoring of One Health AMR response
2 - Awareness and understanding of AMR	Improve awareness and understanding of AMR through effective communication, education and training
3 - Burden Assessment of AMR and AMC	Strengthen the knowledge and evidence base through surveillance
4 - Prevention and Control of Infections	Reduce the incidence of infection through effective sanitation, hygiene and infection prevention measures
5 - Optimizing Antimicrobial Use	Optimize the use of antimicrobials in human, animal and plant health
6 - Research and Innovation	Develop the economic case for sustainable investment and increased investment in new medicines, diagnostic tools, vaccines, and other interventions
7 - Environmental Safety	Prevent contamination to ensure the safety of environment

AMR surveillance is implemented in 25 sentinel site laboratories. Antibiotic charts have been distributed to the government hospitals.

Guideline will be revised. There is a plan to develop a Prescription Policy.

Links to Interesting Articles

How much Vit D should I take

Dr John Campbell

Link : <https://youtu.be/2hO7fniCbmw?feature=shared>

Sri Lanka Among main countries with asthma in the world

Mr Chaturanga Pradeep Samarawickrama

Link : https://www.dailymirror.lk/breaking_news/Sri-Lanka-among-main-countries-with-asthma-in-the-world/108-281414

Certificate Course on Immunization

Dr Lucian Jayasuriya

6 April 2024

The Vaccine and Infectious Diseases Forum of Sri Lanka (VIDFSL) will conduct a Certificate Course on Immunization on four consecutive Sundays commencing 21st April 2024.

It will be held at the Lionel Memorial Auditorium of the Sri Lanka Medical Association. This will be the first ever such course held in Sri Lanka, conducted in the non-state sector.

The subjects discussed will be

Background

Dr. Lucian Jayasuriya - Founder VIDFSL

History and Impact of Vaccination

Prof. Sanath Lamabadusuriya, Emeritus Professor of Paediatrics

Immunology of vaccination

Dr. Dhanushka Dasanayaka, Consultant Immunologist

Types of vaccines

Dr. Kanthi Nanayakkara - Consultant Virologist and Vaccinologist

Vaccine manufacture, procurement and registration

Dr. Janaka Wickremasinghe, Director COO Navesta

Cold chain management and transport of vaccines

Prof. Jennifer Perera, Emeritus Professor of Microbiology

Administration of vaccines

Dr. Omala Wimalaratna, Consultant Virologist and Vaccinologist

Adverse events following vaccination

Dr. Geethani Galagoda, Consultant Virologist

Vaccine allergy and treatment; and Vaccines in special circumstances

Dr. Rajiva de Silva, Consultant Immunologist

Vaccine hesitancy

Dr. H T Wickremasinghe, Consultant Paediatrician

EPI and non - EPI vaccines

Prof. Enoka Corea, Professor of Microbiology and Immunology

Customer care and management of soft skills

Dr. Geethani Galagoda, Consultant Virologist and Mr. M Zavahir, Head of Vaccines, Bours

Frequently asked questions

Dr. Prasanna Siriwardena, Consultant, Family Physician

The course is open to doctors, nurses and allied health professionals

A certificate carrying continuous professional development points by the Ministry of Health, will be awarded to those who have 80% attendance and pass the final evaluation MCQ.

Course Coordinator

M M Zavahir, Tel: 0777 562 109

E-mail: zavahir@bours.com

The certificate course in evidence-based diabetes Management.

Course Objective -

To enhance the knowledge, Skills, And core competencies of primary care Physicians in the management of diabetes



Duration – 12 Months

Course Fee – Rs.40,000

Course 2024 - 2025

Eligibility Criteria – SLMC Registration

Register online

www.pcdgpcrg.lk

Certified by –

PHFI – Public Health Foundation of India

DMDEA – Dr.Mohan Diabetes Education Academy, Chennai

PCDGSL – Primary Care Diabetes Group Sri Lanka

**New batch starts -
September 2024**





HKU Med LKS Faculty of Medicine
Primary Health Care Academy
香港大學基層醫療健康教研中心



THE UNIVERSITY OF
WESTERN AUSTRALIA



AICBU

Course in ADAPT: Advances in Drug Allergy & Penicillin Testing

Unlocking future therapeutic options and clinical benefits through understanding and dealing with drug allergies, especially penicillin, in your primary care practice

Course Highlights

- ★ Taught by international faculty from Hong Kong, Australia and Sri Lanka
- ★ Focus on Penicillin allergy delabelling
- ★ Practical skills in clinical drug allergy and safe drug allergy testing
- ★ Designed for frontline healthcare professionals, especially Physicians, Paediatricians and General Practitioners
- ★ In-person teaching at The University of Sri Jayewardenapura
- ★ Co-led by HKU, The University of Western Australia and The University of Sri Jayewardenapura

Prerequisites & Requirements

- Active clinical practitioners given priority (public or private sector, clinic or hospital-based)
- Registered Medical Practitioner
- 100% in-person attendance required for certification

What you Get

- ✓ Knowledge and skills in drug allergy diagnosis and assessment enhanced
- ✓ Changes in clinical practice
- ✓ Certificate awarded upon completion of all course questionnaires and assessments

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REGISTER NOW!



2024
2 May
(Thursday)
09:30-16:00
1 day intensive course



Workshop Secretary:
Ms. Inoka Sepali 071 211 42 75
Ms. Jeewantha Jayamali 071 587 87 54

VENUE:
SENATE BOARD ROOM,
THE UNIVERSITY OF
JAYEWARDENAPURA

COURSE TUTORS



Prof. Philip Li
(HKU)



Prof. Michaela Lucas
(UWA)



Prof. Chandima
Jeewardara
(USJ)



Dr. Nandana Kumara
Jayathilake
(Sri Lanka)



Dr. Elaine Au
(Hong Kong, China)



**FACULTY OF MEDICINE
UNIVERSITY OF COLOMBO**



**DIPLOMA IN INFECTION
PREVENTION AND CONTROL**



**MEDIUM - ENGLISH
DURATION - ONE YEAR**

CLASS SCHEDULE

Online course; Self learning, online lectures, course material will be uploaded to the LMS at the beginning of the module, ten modules with onsite workshops/demonstrations (Virtual workshops/ Demonstrations for overseas candidates)

MODE OF DELIVERY

BIMODAL: Online with onsite workshops/Demonstrations with LMS access

ELIGIBILITY CRITERIA

Persons currently employed/trained in healthcare settings will be eligible for the Diploma in Infection Prevention and Control

PAYMENT DETAILS

COURSE FEE FOR LOCAL CANDIDATES:
LKR 80,000
(Single payment or 4 installements)
FOR OVERSEAS CANDIDATES: USD 800
(Single payment or 4 installements)

**THIS DIPLOMA
COURSE WILL COVER**

- Hospital acquired infections
- Infection control in clinical procedures
- Infection control in specialized units
- Management of outbreaks
- Occupational health & safety
- Hospital waste management
- Antimicrobial stewardship programmes
- Infection prevention in immune-compromised individuals
- Environmental control
- Surveillance and audits in infection control
- Onsite and online workshops/demonstrations

Dr. Nilanthi Senanayake

(Course Coordinator)

Consultant Medical Microbiologist & Senior Lecturer in Microbiology

Phone : (+94) 70 3481005

Email : nilanthi@micro.cmb.ac.lk

Web : <https://med.cmb.ac.lk/academic-programs/didgh/>

Calling Applications
for
2024 July Intake

Deadline:
31st May 2024





Certificate Course in Management of COPD & ASTHMA

Conducted by Primary Care Respiratory Group Sri Lanka

ELigibility
SLMC.Reg/For More
Details
0771674913

REGISTER NOW

www.pcdgpcrg.lk

5th Batch Starts on October 2024



- **Certificate course in evidence based Diabetic Management** (New Batch Starts on September 2024)
- **Certificate Course in Management of COPD & ASTHMA** (New Batch Starts on October 2024)

ELIGIBILITY SLMC.REG/FOR MORE DETAILS

0771674913



The cockroach theory for self-development

At a restaurant, a cockroach suddenly flew from somewhere and sat on a lady. She started screaming out of fear.

With a panic-stricken face and trembling voice, she started jumping, with both her hands desperately trying to get rid of the cockroach.

Her reaction was contagious, as everyone in her group also got panicky.

The lady finally managed to push the cockroach away but ...it landed on another lady in the group.

Now, it was the turn of the other lady in the group to continue the drama.

The waiter rushed forward to their rescue.

In the relay of throwing, the cockroach next fell upon the waiter.

The waiter stood firm, composed himself and observed the behaviour of the cockroach on his shirt.

When he was confident enough, he grabbed it with his fingers and threw it out of the restaurant.

Sipping my coffee and watching the amusement, the antenna of my mind picked up a few thoughts and started wondering, was the cockroach responsible for their histrionic behaviour?

If so, then why was the waiter not disturbed?

He handled it near to perfection, without any chaos.

It is not the cockroach, but the inability of those people to handle the disturbance caused by the cockroach, that disturbed the ladies.

I realized that it is not the shouting of my father or my boss or my wife that disturbs me, but it's my inability to handle the disturbances caused by their shouting that disturbs me.

It's not the traffic jams on the road that disturbs me, but my inability to handle the disturbance caused by the traffic jam that disturbs me.

More than the problem, it's my reaction to the problem that creates chaos in my life.

Lessons learnt from the story:

I understood I should not react in life.

I should always respond.

The women reacted, whereas the waiter responded.

Reactions are always instinctive whereas responses are always well thought of.

A beautiful way to understand

LIFE.

The HAPPY person is not because Everything is RIGHT in his Life.

He is HAPPY because his Attitude towards Everything in his Life is Right!



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Number One

in volumes across all
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for the 2nd time

- IQVIA data 2023 Q3



Thank you Sri Lanka for your unwavering trust placed
on our truly Sri Lankan EmpaMor!

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