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சுவசிரிபாய

**SUWASIRIPAYA**  
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**சுகாதார அமைச்சு**  
**Ministry of Health**

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எனது இல ) MA/MS/J/06/2024

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Your No. : )

දිනය )  
திகதி ) 07/07/2024  
Date )

All Provincial Directors of Health Services,  
All Regional Directors of Health Services,  
Relevant Medical Officers Incharge,

**PROJECT TO ESTABLISH A MINIMUM DOCTOR-PATIENT INTERACTION TIME AT THE OUTPATIENT DEPARTMENTS OF THE PRIMARY HEALTHCARE INSTITUTIONS.**

Primary Healthcare is the first contact point for the general public, and for most patients this is the best and the only opportunity to interact with a medical practitioner. Sri Lankan public health system has a well-established network of primary healthcare institutions which include 1,087 designated Primary Medical Care Institutions and most secondary and tertiary healthcare institutions. In year 2020, public health sector has catered to approximately 39 million OPD visits and 23 million clinic visits, indicating that each Sri Lankan has visited a hospital outpatient unit more than 3 times a year.

It has been identified that one of the main challenges facing the Sri Lankan health sector is, bypassing of lower-level healthcare institutions resulting in overcrowding at higher level institutions. Some of the main reasons for this issue was found to be lack of confidence of the public on primary care as well as the poor responsiveness and quality of care provided at primary level institutions.

Considering the above, it has been planned to establish an average interaction time of 7 minutes between primary care medical officers and their patients. To initiate this, with the concurrence of all relevant stakeholders, MoH has decided to conduct a pilot project at 52 PMCI's Annex "A" covering the 26 districts. DMOs/MO IC's of the selected PMCI's are requested to ensure that all primary care MOs spend an average of 7 minutes with each patient. The guideline for MOs to follow during this period is attached as Annex "B" and all MOs are requested to fill the form attached as Annex "C" and submit monthly to the "Director Primary Care Services- Ministry of Health" on 3<sup>rd</sup> of each month.

Further, it has been planned to evaluate the effectiveness of the pilot study, with the aim of implementing same across the country. It is further emphasized that the findings of this study would be used for standardizing primary healthcare services which include the health cadre.

Therefore, you are kindly informed to take necessary measures to actively engage your institution in this pilot study, which is expected to strengthen the primary healthcare service in the country.

  
**Dr. P.G.Mahipala**  
**Secretary – Ministry of Health**

**Dr. P. G. Mahipala**  
**Secretary**  
**Ministry of Health**  
**"Suwasiripaya"**  
385, Rev. Baddegama Wimalawansa Thero Mawatha,  
Colombo 10, Sri Lanka.

Province	District	Institutions
Western	Colombo	DH Piliyandala
		PMCU Madiwela
	Kalutara	DH Mathugama
		PMCU Panapitiya
	Gampaha	DH Divulapitiya
		DH Pallewela
Southern	Galle	DH ambalangoda
		PMCU Habaragala
	Matara	DH Akuressa
		PMCU Weralapanathura
	Hambanthota	DH Baragama
		PMCU Bearalihela
Uva	Monaragala	DH Pitakumbura
		PMCU Nannapurawa
	Badulla	DH Passara
		PMCU Ella
North Western	Kurunegala	DH Mawathagama
		PMCU Kudalgamuwa
	Puttalam	DH Dankotuwa
		PMCU Kirimatiyana
Sabaragamuwa	Rathnapura	DH Alupola
		PMCU Galpaya
	Kegalle	DH Deraniyagala
		PMCU Danthune
North Central	Anuradhapura	DH Senapura
		PMCU Kedawa
	Polonnaruwa	DH Aralaganwila
		PMCU PS Kolaniya
Eastern	Amapara	DH Lahugala
		PMCU Iliniyagala
	Kalmunai	DH Marathamunai
		PMCU Periyaneelavane
	Batticaloa	DH Mavadvembu
		PMCU Kaluthawali
	Trincomalee	DH Padawisipura
		PMCU Batukachchiya
Central	Kandy	DH Bambaradeniya
		PMCU Kurugoda
	Matale	DH Nalanda
		PMCU Pallepola
	Nuwaraeliye	DH Kotamale
		PMCU Kalaganwatta
North	Jaffna	DH Gurunagan
		PMCU Erlalai
	Killinochchi	DH Akkarayankulam
		PMCU Wannerikulam
	Mannar	DH Nanttan
		PMCU Uluyankualn
	Mullativ	DH Moonakillaru

		PMCU Thunukkai
	Vavniya	DH NERIYAKULAM
		PMCU Sooduvedapulawa



### GUIDELINE

This guideline should be used by all Primary Care MOs to attend to patients from the time of arriving until departure from the consultation chamber. It is informed that studies have spending a minimum of 7 minutes to treat each patient, grossly improves the quality of the overall consultation as well as patient compliance with the overall treatment plan.

#### **Building Rapport:**

- Introduce yourself and greet the patient warmly.
- Establish rapport by actively listening and showing empathy.
- Explain the consultation process and confidentiality.

#### **History Taking:**

- **Identify the reason for visit:** Let the patient describe their concerns and symptoms in their own words. Use open-ended questions to encourage a complete narrative.
- **Focused history:** Based on the presenting complaint, ask targeted questions about the onset, duration, severity, and any aggravating/relieving factors.
- **Past medical history:** Inquire about past diagnoses, surgeries, and hospitalizations.
- **Allergic history:** inquire about any previous history of allergies to drugs/food.
- **Social history:** Explore factors like smoking, alcohol use, diet, exercise, and living situation that might influence health.
- **Family history:** Ask about relevant medical conditions in the patient's family.

#### **Physical Examination:**

- Perform a focused physical examination based on the presenting complaint and history.
- Maintain patient privacy throughout the examination.

#### **Investigations (If required):**

- Order only necessary tests to confirm diagnosis or guide treatment, considering the cost-effectiveness and potential risks of investigations.
- Explain the purpose of any tests ordered.

**Diagnosis and Management:**

- Explain your diagnosis in clear, understandable language.
- Discuss treatment options, including medications, procedures, or lifestyle modifications.
- Involve the patient in decision-making, considering their preferences and values.
- If medications are prescribed, ensure clear instructions on dosage, duration, and potential side effects.

**Education and Prevention:**

- Educate the patient about their condition, treatment plan, and self-care measures.
- Provide resources or referrals for further information or support groups.
- Discuss preventive strategies to maintain health and well-being.

**Closure:**

- Summarize key points of the consultation.
- Answer any remaining questions and address patient concerns.
- Schedule follow-up appointments as needed.
- Thank the patient for their time.

**Additional Tips:**

- **Active listening:** Pay close attention to verbal and nonverbal cues.
- **Communication:** Use clear, concise language tailored to the patient's understanding.
- **Respect:** Maintain a respectful and professional demeanor throughout the consultation.
- **Cultural competency:** Be sensitive to the patient's cultural background and beliefs.
- **Documentation:** Accurately document the consultation findings, diagnosis, management plan, and patient education provided.

Annex: C

OPD CONSULTATION SHEET

Institute Name: ..... Date: .....

Time of Pt. Arrival: ..... Duration of Consultation: ..... mins

Name of Pt.: ..... Age: .....

Sex of Pt.: .....

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Presenting complaint: .....

Probable Diagnosis: .....

.....

Patient Management (including treatment):

Attending MO: .....

OPD CONSULTATION SHEET

Institute Name: ..... Date: .....

Time of Pt. Arrival: ..... Duration of Consultation: ..... mins

Name of Pt.: ..... Age: .....

Sex of Pt.: .....

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Presenting complaint: .....

Probable Diagnosis: .....

.....

Patient Management (including treatment):

Attending MO: .....