

# CLINICAL PORTFOLIO



## PSYCHIATRY

Department of Psychiatry  
Faculty of Medicine  
Uva Wellassa University of Sri Lanka

1<sup>st</sup> Batch  
2026

# CLINICAL PORTFOLIO



## Psychiatry

### Faculty of Medicine

Uva Wellassa University of Sri Lanka

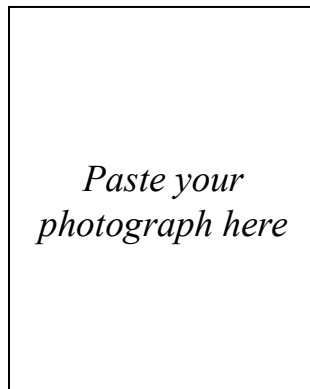
#### Personal details

Name :.....

Reg/No :UWU/MBBS/ /

MED No :.....

Signature of the Student :.....



## **Version 1 @ 2026 February**

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### **Acknowledgement**

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## **(1) Introduction**

Dear student,

Welcome to the final year clinical attachment in the University Psychiatry Unit. This clinical appointment provides an important opportunity to consolidate your knowledge and skills in clinical psychiatry, with particular emphasis on psychiatry. In addition, students are expected to further develop professional attitudes in their interactions with patients, their relatives, colleagues, nursing staff, and ancillary staff.

The clinical attachment will be mainly conducted at the Psychiatry Wards of Teaching Hospital, Badulla and as well as community settings. **Clinical teaching will be delivered by consultant psychiatrists. Apart from formal teaching sessions, students are encouraged to actively participate in informal discussions** with senior registrars, registrars, senior house officers, house officers, and nursing staff, as these interactions offer valuable learning opportunities.

Students are expected to (1) spend adequate time with patients in the ward. Emphasis should be placed on (2) taking a comprehensive psychiatric history, (3) performing a thorough clinical examination—especially the Mental State Examination (MSE) , (4) systematically analyzing symptoms and signs, (5) come to conclusion of diagnosis/ differential diagnosis (6) identify the biological, psychological, and social problems of patients (7) formulate appropriate management plans and (8) Respect for patients' wishes, dignity, and expectations must be maintained at all times, as **patient-centered care** is fundamental to clinical practice.

**Two portfolio assessment vivas will be conducted:** the first at end of pre-professorial appointment (1<sup>st</sup> appointment) & second at the end of the professorial unit appointment. Altogether portfolio assessment vivas will contribute **ten percent (10%) to the final MBBS psychiatry marks.**

**Patient confidentiality** is a core obligation of medical professionals and a integral part of their training. As such, **medical students bear full responsibility** for safeguarding patient information included in this portfolio.

It is anticipated that this clinical attachment will help students to refine their clinical skills and gain essential practical experience, thereby supporting their development as competent and compassionate medical practitioners.

Department of Psychiatry  
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## *Clinical Portfolio - Psychiatry*

### **(1.1) Final MBBS Examination Marks Allocation in Psychiatry**

- One continuous assessment will be held at the end of the pre-professorial appointment. Continuous assessment in psychiatry will constitute a viva based on the Portfolio.
- At the end of the 10<sup>th</sup> semester, final MBBS examination will be held.

#### **Continuous Assessment at the end of the 8<sup>th</sup> Semester**

<b>Method of Assessment</b>	<b>Time</b>	<b>Marks allocated</b>	<b>Total marks allocated to Final MBBS</b>
Pre professorial portfolio assessment & Viva	15	5	5%
		<b>Total</b>	<b>5%</b>

#### **Continuous Assessment at the end of the professorial appointment**

<b>Method of Assessment</b>	<b>Time</b>	<b>Marks allocated</b>	<b>Total marks allocated to Final MBBS</b>
Professorial Portfolio assessment & Viva	15	5	5%
		<b>Total</b>	<b>5%</b>

#### **MBBS EXAMINATION – PSYCHIATRY – in 10<sup>th</sup> Semester**

<b>Method of assessment</b>	<b>Number of Questions</b>	<b>Time (minutes )</b>	<b>Total</b>	<b>Total marks allocated to Final MBBS</b>
<b>MCQ (T/F +SBA)</b>	<b>30+20</b>	120	25	<b>25%</b>
SEQ	<b>6</b>	180	25	<b>25%</b>
Long case-	01 case	45	25	<b>25%</b>
MOCE (Mini Objective Clinical Examination) -	02 cases	16	15	<b>15%</b>
<b>Contribution from summative examination</b>				<b>90%</b>
<b>Continuous assessment contribution</b>				<b>10%</b>
<b>Total marks</b>				<b>100%</b>

**(1.2) Award of Distinctions in Final MBBS Examination**

**A candidate who obtains**

- 1) an overall average of **70%** marks in a subject and
- 2) **65% for the clinical component** in the following subjects in the (MBBS) Final examination (i) Medicine, (ii) Surgery, (iii) Obstetrics and Gynecology, (iv) Pediatrics, (v) Psychiatry and (vi) Family Medicine
- 3) shall be considered to have obtained a Distinction in that subject
- 4) provided that he/she is sitting that examination for the **first time** and
- 5) that he/she passes the whole (MBBS) Final examination and obtains either a **First or Second Class**.

**(1.3) Award of Honours in Final MBBS Examination**

**1) First Class (Honours)**

1. A candidate who passes the (MBBS) Final examination at the **first scheduled attempt** and
2. obtains an overall average mark of **70% or above** at that examination shall be eligible for First Class (Honours)

**2) Second Class Upper Division (Honours)**

1. A candidate who passes the (MBBS) Final examination at the **first scheduled attempt** and
2. obtains an overall average mark of **65% - 69%** at that examination shall be eligible for second Class Upper Division (Honours)

**3) Second Class Lower Division (Honours)**

1. A candidate who passes the (MBBS) Final examination at the **first scheduled attempt** and
2. obtains an overall average mark of **60% to 64%** at that examination shall be eligible for Second Class Lower Division (Honours)

**4) 64% but 2<sup>nd</sup> class upper Division (Honours)**

1. A candidate who has passed the MBBS Final examination at the **first scheduled attempt** and
2. obtains an average of **64%** marks at that examination shall be eligible for Second Class Upper Division (Honours) provided he/she has obtained
3. **Second Class Upper or First Class Honours in both the (MBBS) second and (MBBS) third examinations** and
4. has a **cumulative average** mark of **65%** or above at the **(MBBS) second and (MBBS) third examinations** and **(MBBS) Final examinations**.

**5) 59% but 2<sup>nd</sup> class lower Division (Honours)**

1. A candidate who has passed the (MBBS) Final examination at the **First scheduled attempt** and
2. obtains an average mark of **59%** or above at the (MBBS) Final examination shall be eligible for 2<sup>nd</sup> Class Lower Division (Honours)
3. provided that he/she obtained Honours **in both (MBBS) 2<sup>nd</sup> examination and (MBBS) 3<sup>rd</sup> examination** and
4. has a **cumulative average** mark of **60%** or above at the **2<sup>nd</sup> MBBS examination, 3<sup>rd</sup> MBBS examination, and Final MBBS examination**

## **(2) Guide to Daily Clinical Works**

During the clinical appointment, you contribute to patient care on a daily basis, by direct contact with patients, other medical team members and family members.

You are expected to (1) obtain a **detailed history** from the patient, (2) carry out a relevant examination including **MSE** and (3) arrive at a **differential diagnosis/diagnosis**. You should acquire the ability to (4) request **relevant investigations** and (5) **formulate management plans**. (6) **Gathering daily information about clinical status and progress in treatment**, (7) **documenting daily progress, planning discharge and follow-up** are part of your routine clinical work. You should take the initiative to meet with family members and other team members to facilitate and implement treatment and long term planning.

**Ward rounds** are conducted each morning. During ward rounds, the consultant and the surgical team review each patient, discuss the illness, and decide on the diagnostic and therapeutic plan for the day. To obtain maximum benefit from ward rounds, it is the student's responsibility to gather relevant clinical data in advance. Depending on the number of patients and the complexity of their clinical problems, you may need to (1) arrive in the ward early. You should always have immediate access to each patient's (2) case summary, (3) medication details, and (4) current laboratory results. This will enable you to actively participate in discussions during ward rounds. You will be required to (5) present your patient's case during ward rounds; in such situations, a concise summary rather than a detailed presentation is expected, in accordance with the preferences of the consultant in charge.

You are encouraged to adopt the attitude of a junior doctor responsible for the care of assigned patients, as this will enhance your learning experience

You are requested to maintain a set of case notes for each patient in the format given on the page 6.

**All case records should be available at the mid-term and final assessments.**

## *Clinical Portfolio - Psychiatry*

### **Attendance**

Attendance at the clinical appointment is a statutory requirement and is compulsory. Attendance will be recorded daily at 8.00 a.m. and on casualty nights. This includes public holidays unless otherwise stated. Leave for any reason must be obtained from the Head of the Department. If attendance is unsatisfactory, you will be required to repeat part or the entire appointment.

### **Illness**

If you are absent from teaching due to illness, **inform** the Head of the Department **within 3 days** via dean.office.fomed@uwu.ac.lk, and you must submit a **Medical Certificate** within **7 days** to the HOD **through UMO**. At the discretion of the Head of the Department, the appointment may be prolonged to cover the days of absence.

### **Punctuality**

It is essential, as late arrival is disruptive to other students. Latecomers may be refused admission to teaching sessions. Students are expected to arrive on time for all clinics & ward rounds.

### **Behaviour**

Students must be courteous to patients and the general public at all times, and considerate towards medical, nursing, and para-medical staff. As you will spend much of your time in contact with patients who have professional expectations of you, noisy or inappropriate conversations must be avoided in all areas where patients or visitors may overhear.

### **Dress Code**

Medical students must be clean and suitably attired in the hospital setting (e.g., scrubs) and maintain a neat appearance. Extremes of dress should be avoided e.g. Jeans, shorts, trainers, and slippers are not permitted. Students must always wear a name tag.

### **Student Belongings**

Must not leave backpacks, helmets, or other personal belongings in wards or clinics. Personal belongings remain the responsibility of the student and should be kept in a secure location.

### **Conduct**

Students are expected to maintain a high standard of public behaviour and demonstrate appropriate professional attitudes at all times.

### **Consenting and Patients' Rights**

Patients have the right to decline being observed or attended to by students without any effect on the treatment they receive. Whenever practicable, the student's status and the reason for their presence must be explained, and the patient's prior informed consent should be requested.

## Clinical Portfolio - Psychiatry

You are requested to **maintain a set of case notes for each patient** in the format given on the next page.

### Format for case history documentation:

1. Introduction
2. Presentation and duration
3. HPC (History of presenting complaint)
4. Other components of history (family history, personal history, psychiatric history, medical history, premorbid history)
5. MSE (Mental state examination)
6. Physical Examination
7. Diagnosis / Differential Diagnosis
8. Risk assessment
9. Formulation or Summary
10. Management

As an exercise, the students can use the followings grids to organize their thinking when it comes to formulating and managing patients. You would benefit from writing summaries and formulations of each patient you examine.

### The formulation grid

	Biological	Psychological	Social
Predisposing			
Precipitating			
Perpetuating			

### The Management grid

	Pharmacological	Psychological	Social
Immediate	RT	Supportive Psychotherapy	Practical Help
Intermediate	Oral Meds	CBT	Finances, etc...
Long Term	Depot/ Clozapine		Residential Care

### Patient allocation

All in ward and day patients should be allocated to **at least two students** by the group Monitor. As the number of patients available is limited at times, **all students are advised to examine patients who are not directly allocated to them.**

All patients from new patient clinic will be allocated to students. Students are advised to assess patients at follow up clinic.

## **(3) First Psychiatry Long Appointment**

### **(3.1) Objectives**

01. **History taking** – to able to understand the basic principles of history taking
02. **Examinations** - to able to conduct psychiatric interview and perform a mental state examination
03. **Investigations** – able to select the appropriate laboratory and other type of testing (ex – psychological tests)
04. **Diagnosis & management** – able to diagnosis and treat common psychiatric disorders
05. **Risk assessment** – able to identify risk of self-harm, suicide and violence
06. **Emergencies** – able to recognize risks and psychiatric emergencies among general medical patients
07. **Referral** – identify and refer conditions needing specialist management
08. **Substance** – to able to diagnosis and treat alcohol and drug dependence and withdrawal states
09. **Paediatric and geriatric psychiatry** - able to diagnosis common psychiatric disorders in children and elders
10. **Ethics and medico-legal interventions** – able to demonstrate knowledge on ethical clinical practice and medico-legal interventions (Involuntarily commitment judgment of medical incompetence)
11. **Good doctor** – able to develop good rapport, trust and ethical relationship with patients and families
12. **Psychoeducation** – demonstrate ability in psychoeducation
13. **Documentation** – able to ensure accurate and comprehensive documentations

(3.2) Time table

Week	Day	Place	Activity
Week 1	1	THB	<ul style="list-style-type: none"> <li>Meeting with the coordinator,</li> <li>Introduction and orientation to the appointment, Revision of history taking &amp; Mental State Examination (MSE)</li> </ul>
	2 to 6		<ul style="list-style-type: none"> <li>Interviewing patients in wards and clinics</li> </ul>
Week 2	1 to 6	Training at Hospitals with Psychiatry units (BH Diyathalawa/ Monaragala or THB)	<ul style="list-style-type: none"> <li>Interviewing patients (who have psychiatric problems and substance abuse issues) in the clinic, psychiatry ward, medical wards and other relevant wards</li> </ul>
Week 3	1 to 5	<b>Community training</b> 1. Meedumpitiya rehabilitation hospital 2. Women in Need, (WIN)Badulla 3. NDDCB – Badulla 4. HelpAge, Badulla 5. Substance abuse – Ury regional hospital	<ul style="list-style-type: none"> <li>Evaluate functioning of the organization</li> <li>interviewing clients</li> </ul>
	6	THB	<ul style="list-style-type: none"> <li>Interviewing patients in wards and clinics</li> </ul>
Week 4	1 to 6	THB	<ul style="list-style-type: none"> <li>Meeting with the supervising consultant,</li> <li>Introduction &amp; orientation, Introduction to Mental Health Act of Sri Lanka.</li> <li>Outpatient Department (OPD)</li> <li>Admission procedure</li> <li>Dementia Unit</li> <li>Disability Unit</li> <li>Acute wards, Intermediate and Long stay unit</li> <li>Occupational Therapy and input by Social Workers</li> <li>Forensic Unit</li> <li>Mother and Baby Care Unit</li> <li>End appointment assessment</li> </ul>

\*This is sample timetable and may vary. Students are advised to contact the department prior to their appointment for confirmation.

*Clinical Portfolio - Psychiatry*

**(3.3) Record Of 1<sup>st</sup> Psychiatric Long Appointment**

Duration: ..... From: ..... To .....

Ward and Hospital: .....

Name of the Consultant .....

**(3.3.1) Training at the Psychiatry Unit, THB**

**(1) Ward Patients**

**(1.1) Histories Taken**

Name	Date of admission	BHT No	Diagnosis

**(1.2) Cases Presented**

**(Minimum 2 Cases** should be presented by the student)

Date	Name & BHT	Diagnosis	Remarks	Signature*

\*Signature should be obtained from SHO/Registrar/Senior Registrar/Consultant

*Clinical Portfolio - Psychiatry*

A patient should be followed up by you **from the first day of the appointment/presentation with a full history and daily follow-up reviews**. Record the following details of this patient.

**(Two students should not follow-up the same patient)**

<b>Patient:</b>	<b>Age :</b>	<b>Sex :</b>
<b>BHT NO:</b>		
<b>HISTORY</b> (Presenting complaint, History of presenting complaint, Past psychiatric history, Family history, Personal history, Past medical, surgical and allergy histories, Premorbid personality, Social history)		

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**MENTAL STATE EXAMINATION:**

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**PHYSICAL EXAMINATION**

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**DIAGNOSIS/ DIFFERENTIAL DIAGNOSIS**

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**PROBLEM LIST / RISKS**

**MANAGEMENT PLAN**

## *Clinical Portfolio - Psychiatry*

### **Daily review of the patient**

Brief review of psychiatric and biological symptoms, MSE, medical conditions and investigations; Psychological and social aspects, rehabilitation and aftercare arrangements (as applicable)

<b>DAY 1:</b>
<b>DAY 2:</b>
<b>DAY 3:</b>
<b>DAY 4:</b>

*Clinical Portfolio - Psychiatry*

**DAY 5:**

**DAY 6:**

**DAY 7:**

**DISCHARGE PLAN & FOLLOWUP PLAN:**

## *Clinical Portfolio - Psychiatry*

### **(2) Psychiatric Emergencies**

Example for psychiatric emergencies:

Neuroleptic malignant syndrome, Serotonin syndrome, Substance overdose and withdrawal state, Self-harm and suicide, Agitated/ aggressive patients, delirium, catatonia, acute dystonia, priapism, acute manic episode, postpartum psychosis

<b>Date</b>	<b>Name &amp; details</b>	<b>Emergency</b>	<b>Immediate management</b>	<b>Management plan</b>

### **(3) Clinic Attendance**

<b>Date</b>	<b>Signature*</b>	<b>Date</b>	<b>Signature*</b>

\*Signature should be obtained from SHO/Registrar/Senior Registrar/Consultant

*Clinical Portfolio - Psychiatry*

**(4) Casualty Attendance**

<b>Date</b>	<b>Signature*</b>	<b>Date</b>	<b>Signature*</b>

\*Signature should be obtained from SHO/Registrar/Senior Registrar/Consultant

**(5) Seminars, Meetings & Presentations**

<b>Date</b>	<b>Seminars/Meetings/Presentations</b>	<b>Signature*</b>

\*Signature should be obtained from SHO/Registrar/Senior Registrar/Consultant

**(6) Interesting Patients Seen**

<b>Date</b>	<b>Name/BHT</b>	<b>Diagnosis</b>

*Clinical Portfolio - Psychiatry*

**(3.3.2) Patients seen at the Out Patient Department (OPD)**

Observe and note presenting problems of five patients in the Out Patient Department (OPD).

<b>OPD Registration No.</b>	<b>Age &amp; Sex</b>	<b>Presenting Problem and other problems identified</b>	<b>Signature (MO)</b>

## *Clinical Portfolio - Psychiatry*

### **(3.3.3) Details of facilities**

Observe and note the facilities available for patient care:

<b>Unit</b>	<b>Description of available facilities</b>	<b>Available staff e.g.: Consultant Psychiatrist, Senior Registrar, Registrar etc.</b>
<b>Acute units</b>		
<b>Intermediate stay units</b>		
<b>Long stay units</b>		
<b>Forensic Unit</b>		
<b>Occupational Therapy unit</b>		

*Clinical Portfolio - Psychiatry*

<b>Old Age unit</b>		
<b>ECT unit</b>		
<b>Mother and baby unit</b>		
<b>Psycho-therapy unit</b>		
<b>Learning disability Unit</b>		
<b>Other facilities</b>		

*Clinical Portfolio - Psychiatry*

**(3.3.4) Training at Base hospital / Hospital with psychiatry unit**

You will get an opportunity to work in .....  
This would provide an opportunity to learn about the presentations of common psychiatric problems and their management in a Base Hospital setting.

<b>Clinic / BHT No</b>	<b>Age &amp; Sex</b>	<b>Presenting Problem &amp; other problems identified</b>	<b>Management</b>

.....  
Signature of the supervisor

*Clinical Portfolio - Psychiatry*

**(3.3.5) Training in the Community:**

Note the activities observed in the Community based organizations visited during the appointment. You are expected to visit the below mentioned institutions and learn about their services, activities and patient management.

<b>Date</b>	<b>Organization</b>	<b>Activities observed</b>	<b>Supervisor's signature</b>
<b>8 a.m. - 12 .00 pm</b>	<b>Meedumpitiya Rehabilitation hospital</b>		
<b>8 a.m. – 12.00 pm</b>	<b>Women in Need, Badulla</b>		
<b>8 a.m. – 12.00 pm</b>	<b>NDDCB Badulla</b>		
<b>8 a.m. – 12.00 pm</b>	<b>HelpAge, Badulla</b>		
<b>8 a.m. – 12.00 pm</b>	<b>Substance abuse – Ury regional hospital</b>		



*Clinical Portfolio - Psychiatry*

**(3.4) Assessment by Consultant**

I certify that the student has satisfactorily / unsatisfactorily completed his/her appointment in psychiatry under me. I have given a grade based on his/her performance of the appointment.

**1<sup>st</sup> Psychiatry Appointment** From ..... to .....

Name of the Consultant:

Grade

.....

**Consultant's signature**

[with rubber stamp]

Grade –

A – Excellent, B – Good, C- Poor





## **(4) Professorial Psychiatric Long Appointment**

### **(4.1) Objectives**

01. **History taking** – to able to understand the basic principles of history taking
02. **Examinations** - to able to conduct psychiatric interview and perform a mental state examination
03. **Investigations** – able to select the appropriate laboratory and other type of testing (ex – psychological tests)
04. **Diagnosis & management** – able to diagnosis and treat common psychiatric disorders
05. **Risk assessment** – able to identify risk of self-harm, suicide and violence
06. **Emergencies** – able to recognize risks and psychiatric emergencies among general medical patients
07. **Referral** – identify and refer conditions needing specialist management
08. **Substance** – to able to diagnosis and treat alcohol and drug dependence and withdrawal states
09. **Paediatric and geriatric psychiatry** - able to diagnosis common psychiatric disorders in children and elders
10. **Ethics and medico-legal interventions** – able to demonstrate knowledge on ethical clinical practice and medico-legal interventions (Involuntarily commitment judgment of medical incompetence)
11. **Good doctor** – able to develop good rapport, trust and ethical relationship with patients and families
12. **Psychoeducation** – demonstrate ability in psychoeducation
13. **Documentation** – able to ensure accurate and comprehensive documentations

**(4.2) Timetable**

<b>Week</b>	<b>Activity</b>
1	<ul style="list-style-type: none"> <li>• Becoming familiar with the activities in the ward and the roles played by all the members of the multidisciplinary team (MDT)</li> <li>• Clerking patient (Inward, liaison and follow-up patients)</li> <li>• Case presentations and ward classes</li> </ul>
2	<ul style="list-style-type: none"> <li>• Clerking patient (Inward, liaison and follow-up patients)</li> <li>• Case presentations and ward classes</li> <li>• Discussion of the patients with the members of the MDT</li> </ul>
3	<ul style="list-style-type: none"> <li>• Clerking patient (Inward, liaison and follow-up patients)</li> <li>• Case presentations and ward classes</li> <li>• Discussion of the patients with the members of the MDT</li> </ul>
4	<ul style="list-style-type: none"> <li>• Clerking patient (Inward, liaison and follow-up patients)</li> <li>• Case presentations and ward classes</li> <li>• Discussion of the patients with the members of the MDT</li> <li>• Clinical examination</li> <li>• Group activity</li> </ul>
5	<ul style="list-style-type: none"> <li>• Clerking patient (Inward, liaison and follow-up patients)</li> <li>• Case presentations and ward classes</li> <li>• Discussion of the patients with the members of the MDT</li> <li>• Clinical examination</li> <li>• Group activity</li> </ul>
6	<ul style="list-style-type: none"> <li>• Clerking patient (Inward, liaison and follow-up patients)</li> <li>• Case presentations and ward classes</li> <li>• Discussion of the patients with the members of the MDT</li> <li>• Clinical examination</li> <li>• Group activity</li> </ul>
7	<ul style="list-style-type: none"> <li>• Clerking patient (Inward, liaison and follow-up patients)</li> <li>• Case presentations and ward classes</li> <li>• Discussion of the patients with the members of the MDT</li> <li>• Clinical examination</li> <li>• Group activity</li> </ul>
8	<ul style="list-style-type: none"> <li>• Clerking patient (Inward, liaison and follow-up patients)</li> <li>• Case presentations and ward classes</li> <li>• Discussion of the patients with the members of the MDT</li> <li>• Clinical examination</li> <li>• Group activity</li> <li>• Portfolio assessment &amp; Viva</li> </ul>

\*This is sample timetable and may vary. Students are advised to contact the department prior to their appointment for confirmation.

## *Clinical Portfolio - Psychiatry*

### **(4.2.1) Professorial Unit Clinical Schedule**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
7.30 am Consultant's Ward class					7.30 am Senior Registrar ward class	Weekend on call (on casualty weeks)
9.00 am New patient clinic/ OPD	9.00 am New patient child clinic / ECT & Referral	9.00 am New patient clinic	9.00 am Referral / New patient child clinic & ECT	9.00 am OPD/ Ward round	9.00 am Child clinic / OT	
			11.00 am Tutorial + MCQ / Session on Professionalism			
1.00 pm Follow up clinic & Ward work	1.00 pm Ward work / Substance prevention and Treatment clinic	1.00 pm Follow up clinic / Ward work / speech therapy / Psychologist's class / social worker's class	1.00 pm Elderly clinic / clozapine clinic	1.00 pm follow up child clinic / Referral	1.00 pm - 4.00 pm Weekend on call (on casualty weeks )	
3.00 pm Registrar class						
4.00 pm - 6.00 pm Talking to visitors/ visiting to others						

\*This is sample timetable and may vary. Students are advised to contact the department prior to their appointment for confirmation.

*Clinical Portfolio - Psychiatry*

**(4.3) Record of Professorial Psychiatric Long Appointment**

Duration: ..... From: ..... To .....

Ward and Hospital: .....

Name of the Consultant .....

**(4.3.1) Training at the Professorial Psychiatry Unit, THB**

**(1) Ward Patients**

**(1.1) Histories Taken**

<b>Name</b>	<b>Date of admission</b>	<b>BHT No</b>	<b>Diagnosis</b>

## *Clinical Portfolio - Psychiatry*

### **(1.2) Case Presented**

(Minimum 3 Cases should be presented by the student)

Choose from the following range of patients:

Schizophrenia (acute episode), Schizophrenia (longstanding chronic illness), Dementia, Alcohol dependence and related problems, Substance abuse and related problems, Mood disorders (Bipolar Affective Disorder/ Depression), self-harm and suicide...

Discuss the patients with the Consultant Psychiatrist/ SR/ Reg/SHO

#### **Patient 1:**

Name:

Date:

BHT/Clinic No:

Age:

Sex:

Diagnosis:

		Satisfactory	Needs skill development
01	Summary of history & examination		
02	Synthesis of findings & diagnosis		
03	Summary of management plan		
04	Evaluation of outcome/ progress with treatment to date and future plans		
05	Identification of ethical issues/		
06	Impact of illness on patient & family		
07	Role of MDT & other team members		
08	Reflection on their experience of this case and key learning including cultural and social aspects relevant to the case		
09	Comments on professionalism exhibited during the examination of the patient and presentation		
10	Documented history available covering all aspects of management		

Supervising Consultant/ Senior Registrar/ Registrar/ SHO

.....  
Name

.....  
Designation

.....  
Signature

*Clinical Portfolio - Psychiatry*

**Patient 2:**

Name:

Date:

Age:

Diagnosis:

BHT/Clinic No:

Sex:

		Satisfactory	Needs skill development
01	Summary of history & examination		
02	Synthesis of findings & diagnosis		
03	Summary of management plan		
04	Evaluation of outcome/ progress with treatment to date and future plans		
05	Identification of ethical issues/		
06	Impact of illness on patient & family		
07	Role of MDT & other team members		
08	Reflection on their experience of this case and key learning including cultural and social aspects relevant to the case		
09	Comments on professionalism exhibited during the examination of the patient and presentation		
10	Documented history available covering all aspects of management		

Supervising Consultant/ Senior Registrar/ Registrar/ SHO

.....  
Name

.....  
Designation

.....  
Signature

*Clinical Portfolio - Psychiatry*

**Patient 3:**

Name:

Date:

Age:

Diagnosis:

BHT/Clinic No:

Sex:

		Satisfactory	Needs skill development
01	Summary of history & examination		
02	Synthesis of findings & diagnosis		
03	Summary of management plan		
04	Evaluation of outcome/ progress with treatment to date and future plans		
05	Identification of ethical issues/		
06	Impact of illness on patient & family		
07	Role of MDT & other team members		
08	Reflection on their experience of this case and key learning including cultural and social aspects relevant to the case		
09	Comments on professionalism exhibited during the examination of the patient and presentation		
10	Documented history available covering all aspects of management		

Supervising Consultant/ Senior Registrar/ Registrar/ SHO

.....  
Name

.....  
Designation

.....  
Signature

*Clinical Portfolio - Psychiatry*

**Patient 4:**

Name:

Date:

Age:

Diagnosis:

BHT/Clinic No:

Sex:

		Satisfactory	Needs skill development
01	Summary of history & examination		
02	Synthesis of findings & diagnosis		
03	Summary of management plan		
04	Evaluation of outcome/ progress with treatment to date and future plans		
05	Identification of ethical issues/		
06	Impact of illness on patient & family		
07	Role of MDT & other team members		
08	Reflection on their experience of this case and key learning including cultural and social aspects relevant to the case		
09	Comments on professionalism exhibited during the examination of the patient and presentation		
10	Documented history available covering all aspects of management		

Supervising Consultant/ Senior Registrar/ Registrar/SHO

.....  
Name

.....  
Designation

.....  
Signature

**Observed Clinical Interview**

**Patient 1:**

Name:

Date:

BHT/Clinic No:

Age:

Sex:

Diagnosis:

		Satisfactory	Needs skill development
01	Summary of history & examination		
02	Synthesis of findings & diagnosis		
03	Summary of management plan		
04	Evaluation of outcome/ progress with treatment to date and future plans		
05	Identification of ethical issues/		
06	Impact of illness on patient & family		
07	Role of MDT & other team members		
08	Reflection on their experience of this case and key learning including cultural and social aspects relevant to the case		
09	Comments on professionalism exhibited during the examination of the patient and presentation		
10	Documented history available covering all aspects of management		

Supervising Consultant/ Senior Registrar/ Registrar/ SHO

.....  
Name

.....  
Designation

.....  
Signature

*Clinical Portfolio - Psychiatry*

A patient should be followed up by you **from the first day of the appointment/presentation with a full history and daily follow-up reviews**. Record the following details of this patient.

**(Two students should not follow up the same patient)**

<b>Patient:</b>	<b>Age:</b>	<b>Sex:</b>
<b>BHT NO:</b>		
<b>HISTORY</b> (Presenting complaint, History of presenting complaint, Past psychiatric history, Family history, Personal history, Past medical, surgical and allergy histories, Premorbid personality, Social history)		

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**MENTAL STATE EXAMINATION:**

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**PHYSICAL EXAMINATION**

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**DIAGNOSIS/ DIFFERENTIAL DIAGNOSIS**

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**PROBLEM LIST / RISKS**

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**MANAGEMENT PLAN**

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## *Clinical Portfolio - Psychiatry*

### **Daily review of the patient**

Brief review of psychiatric and biological symptoms, MSE, medical conditions and investigations; Psychological and social aspects, rehabilitation and aftercare arrangements (as applicable)

<b>DAY 1:</b>
<b>DAY 2:</b>
<b>DAY 3:</b>
<b>DAY 4:</b>

*Clinical Portfolio - Psychiatry*

**DAY 5:**

**DAY 6:**

**DAY 7:**

**DISCHARGE PLAN & FOLLOWUP PLAN:**

## *Clinical Portfolio - Psychiatry*

### **(2) Psychiatric Emergencies**

Example for psychiatric emergencies:

Neuroleptic malignant syndrome, Serotonin syndrome, Substance overdose and withdrawal state, Self-harm and suicide, Agitated/ aggressive patients, delirium, catatonia, acute dystonia, priapism, acute manic episode, postpartum psychosis

<b>Date</b>	<b>Name and details</b>	<b>Emergency</b>	<b>Immediate management</b>	<b>Management plan</b>

*Clinical Portfolio - Psychiatry*

**(3) Clinic Attendance**

<b>Date</b>	<b>Signature*</b>	<b>Date</b>	<b>Signature*</b>

\*Signature should be obtained from SHO/Registrar/Senior Registrar/Consultant

**(4) Casualty Attendance**

<b>Date</b>	<b>Signature*</b>	<b>Date</b>	<b>Signature*</b>

\*Signature should be obtained from SHO/Registrar/Senior Registrar/Consultant

## *Clinical Portfolio - Psychiatry*

### **(5) Seminars, Meetings & Presentations**

Date	Seminars/Meetings/Presentations	Signature*

\*Signature should be obtained from SHO/Registrar/Senior Registrar/Consultant

### **(6) Interesting Patients Seen**

Date	Name/BHT	Diagnosis

## *Clinical Portfolio - Psychiatry*

### **(4.3.2) Professorial Psychiatry Unit - Available facilities and services**

Detail the facilities available for the care of the following patient groups and discuss other activities that are available in the unit, taking into consideration the range of services provided.

<b>Overall Function of the Psychiatric Unit:</b>
<b>In patient care:</b>
<b>Outpatient care:</b>
A. Clinic patients
B. Day patients (including groups)
<b>Liaison service (to the hospital):</b>
<b>Health education:</b>
<b>Other:</b>

*Clinical Portfolio - Psychiatry*

**(4.3.3) Professorial Psychiatry Unit - The Multi-Disciplinary Team (MDT)**

Describe the different services provided by the staff of the Multi-disciplinary Team (MDT), as observed by you during the appointment

<b>Consultant Psychiatrists:</b>
<b>Doctors:</b>
<b>Nurses:</b>
<b>Psychiatric Social Workers:</b>
<b>Occupational Therapist:</b>
<b>Speech Therapist:</b>



## *Clinical Portfolio - Psychiatry*

### **(4.3.4) Community Psychiatry & Substance Abuse**

Students are expected to observe the Community Psychiatry and services for substance abuse offered by the unit.

These include

1. Observing the alcohol group/ substance use clinic
2. Observing the activities taking place at the day centre
3. Involve in community health education and health promotion activities.
4. **Visit** to Meedumpitiya rehabilitation hospital, women in need Badulla, NDDCB- Badulla, Helpage, Badulla, Substance abuse – Ury regional hospital
5. Participate in home visit with staff to patients

<b>Date</b>	<b>Community activity</b>	<b>Activities observed</b>	<b>Signature of the supervisor</b>

## *Clinical Portfolio - Psychiatry*

### **(4.3.5) Community Child Psychiatry Services**

The students are expected to observe the community child psychiatry services offered by the unit. These may include

1. Child and adolescent psychiatry clinic
2. Parent training programmes
3. Preschool/school teacher training programmes
4. School mental health education programmes
5. Educational programmes for parents/teachers of children with special needs

<b>Date</b>	<b>Community activity</b>	<b>Activities observed</b>	<b>Signature of the supervisor</b>

### **(4.3.6) Geriatric Psychiatry**

Students are expected to

1. Learn to do Mini Mental State Examination (MMSE).
2. Observe extended cognitive assessment.
3. Participate in family education of dementia patients.
4. Compare the difference in the management of geriatric patients to other psychiatric patients.
5. Observe functional assessment conducted by Occupational therapists.
6. Be aware of the special services arranged by the social workers.

<b>Date</b>	<b>Community activity</b>	<b>Activities observed</b>	<b>Signature of the supervisor</b>

*Clinical Portfolio - Psychiatry*

**(4.3.7) Procedures observed**

**(4.3.7.1) Observation of ECT**

You must have observed at least one ECT session.

BHT No:	Date: Time:	Age: Sex:	Diagnosis:
1. Brief history of the patient			
2. Indication for ECT			
3. Complications/ side effects of ECT			
4. Monitoring after ECT			
5. Special notes and next dose of ECT:			
Discussed with Consultant/ Senior Registrar/ Registrar/ SHO	Yes/No	Name & Signature	

*Clinical Portfolio - Psychiatry*

**(4.3.7.2) Psychological interventions**

Observation of the following procedures would be recommended

<b>Practical experience</b>	<b>Date</b>	<b>BHT/ Clinic No</b>	<b>Presentation</b>	<b>Supervisor's name &amp; signature</b>
<b>Psychological support</b>				
<b>Problem solving counseling</b>				
<b>Behavioral therapy</b>				
<b>Motivational interviewing</b>				
<b>Relaxation Techniques</b>				
<b>Social interventions</b>				
<b>Harm minimization in alcohol</b>				
<b>CBT- Medically unexplained symptoms</b>				

**(4.4) Assessment by Consultant**

I certify that the student has satisfactorily / unsatisfactorily completed his/her appointment in Psychiatry under me. I have given a grade based on his/her performance of the appointment.

**Professorial Appointment** From ..... to .....

Name of the Consultant:

Grade

.....

**Consultant's signature**

[with rubber stamp]

Grade –

A – Excellent, B – Good, C- Poor





## **(5) Core Psychiatric Conditions to Be Completed By the End of the Course**

01. Schizophrenia & other psychotic disorders
02. Depressions
03. Bipolar disorders
04. Delirium
05. Dementia
06. Substance use and withdrawal state
07. Anxiety disorders
08. Self-harm and suicide
09. Somatoform disorders
10. Dissociative disorders
11. Reaction to stressful experiences
12. Psychiatric problems during pregnancy and postpartum period
13. Eating disorders
14. Sleep disorders
15. Problems of sexuality and gender
16. Management of restless disorders
17. Personality disorders
18. Psychopharmacology

## **(6) References**

- 1. Shorter Oxford Textbook of Psychiatry (SOTP) – 7th Edition, 2018**
- 2. Oxford Handbook of Psychiatry (OHBP) - 4th Edition, 2019**
3. International Classification of Diseases -11th edition (available on the Web)
4. The Maudsley Guidelines - 13th edition, 2018
5. BNF - latest edition
6. Mental Health Act of Sri Lanka - Ministry of Health web
7. Oxford Handbook of Medicine - latest edition - read alcohol, delirium and emergencies
8. A Handbook of Clinical Psychiatry: A Practical Guide by Varuni de Silva and Raveen Hanwella – 2nd edition

**\*The latest edition is always recommended for the books stated above**

**Above references 1 & 2** should be available with the students all the time during the clinical appointment (Hard copy/Soft copy)



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**Portfolio of Psychiatry**

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