

**Tasks to be completed by the end of the Professorial Clinical Appointment  
in Psychiatry at Teaching Hospital Peradeniya, Sri Lanka.**

Student Name:.....

Student Registration Number: ..... Group Number.....

Duration of appointment: Start date:..... End date:.....

<b>Tasks</b>	<b>Date of Completion</b>	<b>Signature of supervisor</b>
<b>Shadow on call doctor for 2 days</b>		1.
		2.
		Signature - Registrar/MO
<b>History presentations</b>		Signature –Consultant Psychiatrist
<b>Group presentations/seminars</b>		
1.		
2.		
3.		
4.		
		Signature –Consultant Psychiatrist
<b>Perform a Mini Mental State Examination under observation</b>		Signature –Consultant Psychiatrist
<b>Clinic attendance (group activity)</b>		
Adult clinic		
1.		
2.		
3.		
4.		
		Signature –Consultant Psychiatrist

<b>Tasks</b>	<b>Date of Completion</b>	<b>Signature of supervisor</b>
<b>Special Clinics</b>		
Sexual Disorders Clinic		Signature–Consultant Psychiatrist
Intellectual Developmental & Autistic Spectrum Disorders Clinic		Signature –Consultant Psychiatrist
Alcohol Rehabilitation Clinic		Signature –Consultant Psychiatrist
Child and Adolescent Clinic		Signature –Consultant Psychiatrist
Clozapine Clinic		Signature –Consultant Psychiatrist
<b>Day Centre</b>		
1. Role of Occupational Therapist		Signature-Occupational Therapist
2. Relaxation Exercises		Signature -Occupational Therapist
3.		Signature- Occupational Therapist
4.		Signature- Occupational Therapist
<b>Counselling session – Role play</b>		Signature- Counsellor
<b>Alcohol Rehabilitation Program</b>		Signature -Senior Social Worker
<b>Observe ECT being administered</b>		Signature -MO/Registrar

**Note:**

**Please hand in the completed task list to the office of the Department of Psychiatry within one week of completing the Professorial Appointment in Psychiatry.**

**Completion and handing over of the task list is mandatory for the appointment to be signed up.**