



Strengthening Mental Health Clinical Practice Placements in Ghana Through the Teaching of Teachers

TEAM A REPORT - VISIT MAY 2011

Supported the International Health Links Funding Scheme (P3.19)

and

International Organisation for Migration – MIDA Ghana Health Project



INTRODUCTION

Team A comprised the following 3 clinical educators from the UK

Mr Patrice Fugah (Team leader) – specialist community psychiatric nurse early intervention team

Mr Seth Adjare – Staff Nurse AMH

Dr Steve Brown – Consultant Psychiatrist

Mr Elvis Akuamoah – In Service Training Coordinator (Pantang Hospital, Ghana) and Lead Preceptor provided local support in Ghana.

The team arrived in Ghana 8th May 2011 and left 28th May. The planned timetable and agenda had to be changed on arrival after we heard that one of the preceptors we had planned to visit was in hospital following a road traffic accident. We eventually spent May 8th-18th in Accra based at Pantang hospital, May 19th-24th in Kintampo (including a visit to Tamale) and May 25th-28th back in Accra region.

OBJECTIVES

To strengthen the hub and spoke site model by developing:

1. Learning experiences for MAP and CMHO students
2. Preceptor teaching methods within clinical practice
3. Communication strategies between preceptors and UK educators

ACTIVITY

Pantang Hospital – Lead preceptor Elvis Akuamoah

- Met all four Kintampo Project trained preceptors at Pantang Hospital and also met about 15 newly recruited preceptors, gave presentation about the project, visited in-patient wards and observed preceptors working with nursing students and discussed their experiences to date of working with MAP and CMHO students.

- Met senior hospital personnel including consultant psychiatrist Dr Anna Dzadey, director of nursing, chief pharmacist and director of nurse training. Discussed and raised awareness of the project, clarified roles within the project.
- Highlighted the need to identify off-site field placements.
- Visited Accra psychiatric hospital (large spoke site), met lead preceptors and about eight other preceptors. Met Dr Akwasi Osei – Chief Psychiatrist, and other senior figures such as chief pharmacist, finance officer, lead nurses, gave presentation to 23 personnel at the Accra site raising awareness about the project and discussed their experiences to date of working with MAP and CMHO students. Learned about other initiatives going on in the hospital.
- Wrote and presented interactive teaching package about reflective practice at both Pantang and Accra Psychiatric Hospitals.
- Assessed field site development needs especially in respect of student resources.

Kintampo

- Met Dr Adjase (KRHTS Director & project lead in Ghana) and senior local project figures.
- Visited and examined the site of the Psycho-Social Centre, discussed and evaluated plans for the psychosocial centre, produced and presented document containing recommendations about work and procedures needed to make the centre operational to senior personnel including Dr Adjase.
- Held informal meetings with MAP students and four CMHO student representatives to discuss their experiences of the respective courses and identify issues that need to be addressed. We were unable to meet the lead preceptor for the Kintampo area.
- Gave teaching sessions to CMHO and MAP students.
- Assessed progress in developing the library.
- Visited local fetish priest and had very preliminary discussions about his possible involvement in the project.

Tamale - Lead preceptor Abdullah John Ibrahim

- Visited community mental health centre (Ti Sampa), met lead preceptor Abdullah John Ibrahim and three other preceptors, discussed the development of the project and their experience of MAP and CMHO students. Discussed possible community placements for students. Identified considerable logistic problems that were impacting on the student experience. We had arranged to meet another lead preceptor at Ti Sampa but he left before we arrived.
- Visited newly appointed consultant psychiatrist Dr Apau at Tamale Regional Teaching Hospital. Described the project, how she might become involved and how this would be very beneficial to the project.
- Tamale preceptor has plans to address particular local problems of this placement – language and travel.

OUTCOMES:

1. Raised awareness of the Kintampo project amongst Ghana Health Service staff.
2. Identified some barriers to effective learning.
3. Provided experiential training in reflective practice at Pantang and Accra Psychiatric Hospitals.
4. Highlighted the need for more community placements and experiences for the students.
5. Clarified the role of preceptors and improved their confidence in managing students.
6. Established regular communication between local lead preceptor and UK educator.
7. Produced suggested blueprint for psycho-social centre.

Unanticipated Outcomes:

1. Positive engagement with local fetish priest established. Avenues for collaboration need further exploration..

2. Visit to Tamale and very positive introduction to new psychiatrist who has just been appointed for the 3 regions in the North
3. Visit to Bolgatanga cancelled due to ill health of Lead Preceptor at Bolgatanga

WHAT WENT WELL?

1. High level of enthusiasm among preceptors for the project and for general learning, at both Accra and Pantang Hospitals.
2. New preceptors are being trained who have a good understanding of the project, how it differs from conventional mental health training and of their role in it.
3. The teaching and learning of the role of reflective practice in clinical and educational work.
4. The team mix: race, gender, personality, experience and skills worked well.

Challenges	Recommendations / Actions
1. Placement documents (log books) for MAPS were particularly difficult to understand and complete.	More clarification of objectives needed. Programme Heads to take a lead on this.
2. Transportation: Districts in the north are wide apart and visiting patients at home can be a major challenge. The Regional and District Administrations are willing to provide vehicles for visits but the service has to fuel the vehicles.	Help will be needed in this area – probably through more work to raise the project profile with district directors. Ample notice (at least 3 weeks) to regional lead about placement dates so that districts can be informed and preparations can be made before student present.
3. Student subsistence: Some students had problems	Colleagues to consider working together to produce course handbook to include clear information on roles and responsibilities in regard to

supporting themselves financially whilst on placement.	accommodation, transport and food costs.
4. Some placements were terminated at short notice to allow for classroom teaching. Students felt some of the placements were too short especially to allow time for project work.	More clarification of purpose and expectations of placements needed. Curriculum documents to highlight the importance of timely preparation for project work.
5. CMHO students found some of the teaching too concentrated, could not contact external tutors to discuss things that they had not understood.	Programme Heads to raise this issue with external tutors, continue with ongoing curriculum review and also to identify potential resources at Kintampo.
6. Plans for the psycho-social centre require clear goals and timelines .	Draw up tightly focussed time line and protocol for psychosocial centre development.
7. Some evidence of lack of understanding of the project from senior personnel could compromise ongoing success	Further presentation and educational work both from UK and Ghana team. Wider engagement with senior figures at regional and district levels as well as within hub and spoke placement sites
8. Sufficient number of hub sites and support to facilitate placements not yet fully achieved.	To continue educational work – principally through link UK educators, Lead Preceptors and Programme Heads
9. Difficulty in achieving the 30:70 theory/practice split experienced both at KRHTS and field sites.	More exploration of options and opportunities within forthcoming preceptor workshop.

IMPACT ON UK EDUCATORS:

1. UK clinical educators enhanced their skills and confidence in teaching, presenting, networking and leadership.
2. Learning from another culture was a valuable personal development experience.
3. A chance to review clinical priorities in own working practices in light of experiences in Ghana.

ADVICE TO UK EDUCATORS:

1. Banks won't change money unless you have an account there so plan your money needs carefully so you don't run out in a place with no change facilities!

The accuracy of this report was agreed with the appropriate Lead Preceptors, and following discussion within the Educator and Field Site Development Sub Group the following recommendations for taking the challenges forward were agreed:

Challenges	Action by Whom
1. Placement documents (log books) for MAPS were particularly difficult to understand and complete	This will require further discussion at Preceptor Workshop in September with preceptors and Programme Heads.
2. Transportation: Districts in the North are wide apart and visiting patients at home can be a major challenge. The Regional and District Administrations are willing to provide vehicles for visits but the school/project has to fuel the vehicles.	This requires further clarification with Dr Adjase and will be reviewed at the September workshop as well as during meetings with key stakeholders in September.
3. Student subsistence; some students had problems supporting themselves financially whilst on	Educator and Field Site Development Subgroup, Practitioner Development Subgroup and Preceptor workshop to discuss the

placement.	development of a students' handbook which will include a section on the logistics of placements.
4. Some placements being terminated at short notice to allow for classroom teaching. Students felt some placements were too short and did not allow enough time for project work.	This will require further clarification and development and will form part of the Preceptor Workshop in September.
5. CMHO students found some of the teaching too concentrated, could not contact external tutors to discuss things that they have not understood.	This will be discussed with Programme Heads who will need to raise the issue with external tutors. This issue will also be discussed with the programme tutors, and during the ongoing curriculum review.
6. Plans for Psychosocial Centre require clear goals and timelines	This will require further discussion with Dr Adjase, Mr Peter Adams, Rev Fr Peter Kumor and relevant others, and will be raised during the September visit
7. Some evidence of lack of understanding of the project from senior personnel could compromise ongoing success	Lead Preceptors with support from UK team will take recommendations forward.
8. Sufficient hub sites and support to facilitate placements not yet fully achieved.	Ongoing work between UK educators, Lead Preceptors and Programme Heads to identify and develop appropriate community placements
9. Difficulty in achieving the 30:70 theory/practice split experienced at both KRHTs and field sites	This will form part of discussion at Preceptor Workshop in September.

Readers who would like to know more about the Kintampo Project or request other reports should contact either;

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