



Guidelines for Preceptors supporting the training of MAP and CMHO

Rural Health Training School, Kintampo

with

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and



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The
KINTAMPO
project

Ghana-Hampshire (UK)
Mental Health Link

Preface

In 2007 The Rural Health training School, Kintampo developed a partnership with Hampshire Partnership NHS Foundation Trust, UK and The University of Winchester, UK. This has become known as The Kintampo Mental Health Project and a main output has been the development of new training courses at KRHTS for practitioners in mental health. This booklet is the first in a series of guides that The Kintampo Mental Health Project will develop to support the training programmes.

The first edition of this booklet coincides with the start of the new Medical Assistant Psychiatry (MAP) course. The Community Mental Health Officer course will start later in 2010.

The booklet is designed as “loose leaf” so that it can be kept in an A4 ring-binder along with other curriculum documents and course material. The booklet will be periodically updated – generally around once a year. The most up-to-date version of the booklet will be kept on The Kintampo Mental Health Project website at www.thekintampoproject.org

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Introduction

Preceptorship is an approach used to support learners (i.e. students), particularly in the practice setting. These guidelines provide theoretical and practical help for preceptors to help them perform their roles. The guidelines are a work in progress and will be adapted as new information and experience emerges. The booklet is largely based on material produced through the first MAP/CMHO preceptor workshop held in Sunyani 7th – 11th December 2009. See Appendix 1 for a list of contributors.

The booklet starts by examining the roles and responsibilities of KRHTS tutors and MAP/CMHO students. The main section (section 3), concentrates on roles, responsibilities and skills for preceptors. This is followed by sections on assessment methods and processes; quality assurance; and forms for preceptors to use in practice.

- *(Note: Most of the information in this booklet was generated and agreed by all at the first preceptor workshop. The information is not intended to be exhaustive. It contains the points which are most important to contributors).*

Section 1: The Role and Responsibilities of Tutors and KRHTS

These include to:

- a identify and make initial contact with preceptor prior to field attachments
- b provide name of student and clinical contact information to the preceptor
- c provide the preceptor's name and attachment information to the student
- d address issues of logistics including name of preceptor, work base, hours of attendance, accommodation, transport, materials, etc
- e provide the student and preceptor with start and finish dates for attachment
- f review attachment expectations with student
- g review learning objectives for the attachment with the student and preceptor and provide feedback with the preceptor at agreed meeting dates
- h review student clinical performance with preceptor half way through and at the end of the attachment
- i serve as a resource to preceptor and student
- j make visits to the attachment field site
- k assess student achievements
- l inform student (and preceptor) of progress in relation to course expectations and assignments

The preceptor is a link between the student and the tutor, the placement and the school. The following are important to ensure a successful attachment experience for the student.

1.1 Communications

- a It is important that the field and the school identify and agree how they will communicate effectively. As seen above, this must be done before the student arrives in the attachment area.
- b Communication can be a combination of post, telephone (including mobile SMS 'text' messaging) and face-to-face. These have resource and finance implications which should be agreed and put in place before the student arrives.
- c A link person should be identified in both the field and in the school so that information flows consistently and efficiently between the two settings.
- d It is important that both the field and the school recognise the challenges to effective communication and agree where compromises on the mode of communication are needed.
- e For effective communication, it is important that language used is simple, clear and well-understood.
- f Communication should be timely. The preceptor and the school should agree in advance when and how information is exchanged.
- g It is important to follow communications up to make sure they have been received. This is particularly important when feedback is not received. It is assisted by the identification of the focal link contact person in each setting.

1.2 Resources

- a It is important that resources needed by the preceptor and student are identified at an early stage to ensure these are in place in a timely manner

1.3 Reviews and meetings

- a Objectives set by the tutors and preceptors should be clearly defined and communicated to each other at an early stage.
- b There should be a meeting between preceptors and tutors to agree a standard format of student assessment (see the section below for more on assessment).
- c There should be regular updates and follow-ups by the tutors to the field site.
- d Mid and end point reviews **should** occur between preceptors and tutors to discuss, and find solutions to, any challenges.

Section 2: Role and Responsibilities of Students

These include to:

- a meet with preceptor, if possible, before the start of the attachment
- b inform the preceptor/ward/clinical tutor ahead if unable to attend attachment, or any day of attachment
- c make alternative arrangements for clinical practice, to complete any hours missed (this is the student's responsibility)
- d write new, attachment specific, achievable learning objectives (in consultation with preceptor) after the first day of attachment and agree on the objectives with both tutor and preceptor
- e agree how to meet clinical learning objectives with preceptor.
- f ask for guidance/advice when needed
- g acknowledge that you do not know everything
- h develop a portfolio to show evidence of the achievements against learning objectives
- i reflect on and within practice. See section 4.6 below for guidance on reflective practice
- j keep written accounts of learning
- k complete all assignments and self-assessment of own performance on the attachment
- l ensure you receive timely feedback and assessment from your preceptor and clinical tutor

Section 3: Role and Responsibilities of the Preceptor

3.1 What is Preceptorship?

Preceptorship is a teaching and learning method for adults in which students are assigned to an experienced and clinically competent practitioner. This practitioner helps the student experience day to day practice. The preceptor is both a role model and resource person. They enable the student to develop and apply professional knowledge and critical thinking (see section 4.6 below) within a clinical setting.

A common theme in Preceptorship is a one to one relationship between an experienced practitioner and a student. The preceptor and preceptee (student) work closely together for a specific defined period.

Preceptorship is widely used across the world to support learning and help students develop practice through 'critical thinking' (see section 4.6 for a description of 'critical thinking'). Preceptorship however is not the same as 'apprenticeship' which tends to develop skills to the exclusion of the development of critical thinking.

The preceptor role is fundamental in the education of MAPs and CMHOs as 70% of their training takes place in the practice setting.

3.2 Why be a Preceptor?

- a To increase your personal and professional knowledge.
- b To increase your job satisfaction.
- c For an opportunity to improve your own chances for promotion.
- d For an opportunity to assist in the education of others and to influence practice.
- e For an opportunity to attend conferences and receive tuition.

3.3 Good Practice Guidelines

An effective preceptor attends to the following:

- a be well informed: you should keep yourself up to date on the course content and know the curriculum well
- b be humble: preceptors should be humble and impart knowledge to the preceptee. The preceptor should also accept their need to learn
- c facilitate learning: Your students are adults so learning should be by facilitation and exchange of ideas
- d maintain Trust: Build your relationship with your preceptees through trust
- e develop yourself: make sure you are involved in a programme of both personal and continuous professional development
- f be fair, firm and consistent in your assessments and all that you do (treat others as you would wish them to treat you)
- g be a role model: Be an object of emulation to the preceptees and the community
- h be disciplined, punctual and tolerant
- i know your students: get to know the strengths and development needs of your students and make sure no one is left behind or lacking the appropriate knowledge or skills
- j be reviewed: From time-to-time there should be both self and external review of the preceptor

- k do not take on too many students: Keep your student/preceptor ratio manageable to provide a good experience for all. (The number of students per preceptor is not defined. As the courses develop, recommendation may become necessary.)
- l be a good communicator: Keep your language understandable. Don't use technical jargon or colloquial shorthand terms
- m direct the student to useful resources to supplement learning
- n respect the confidential nature of the preceptor-student relationship
- o support the student when acquiring independence in decision-making and practice
- p facilitate critical thinking
- q be readily available to the student at agreed times
- r give the student ongoing feedback about progress in meeting established learning objectives
- s let students know when she/he does something right/well, provide constructive feedback for ways to improve/develop performance
- t contact the student's KRHTS tutor if there are concerns about the student's ability to meet the planned objectives or programme. [Please note: The preceptor should first discuss issues with the student about his/her performance before contacting the KRHTS tutor.]

The preceptor facilitates student development by being a:

- u **facilitator** a person who supports through joint exploration and problem solving
- v **encourager** a person who gives courage, hope, or confidence to another
- w **role model** a person who demonstrates excellence in a specific role
- x **coach** a person who guides another
- y **advocate** an ally committed to the learning needs of another
- z **motivator** a person who stimulates another to action
- aa **assessor** a person who gives verbal and written constructive feedback to both the student and KRHTS

3.4 Induction

To provide a good induction for your student consider:

- a a tour of the buildings/area
- b describing your expectations, time of attendance, punctuality etc
- c introductions to members of staff
- d arranging for your student to have meetings with key people to hear about what they do
- e an explanation of how the facility/service fits into the overall health system
- f dates and times of any key meetings the student should join you in
- g giving your student copies of any important documents relating to your service/practice
- h providing a list of potential opportunities in the area (places to visit, people to meet etc)
- i providing detail of any relevant practices and procedures
- j arranging times for setting and reviews of learning objectives

3.5 Recognising the Student who is doing Well

- a Positive change in behaviour: Where there is good practice, behaviours change for the better.
- b The student takes every opportunity to identify, and move forward. positively with, experiences that will assist in meeting the learning intentions.

- c The student attends to feedback and responds by adapting practice.
- d the student respects and works effectively with the whole team, in the interest of comprehensive care for patients.
- e Patients and staff are satisfied with the student's contribution to care and treatment.
- f The student works collaboratively with the team, respecting and responding to differing views.

3.6 How to Manage the Poorly Performing Student

- a Do not avoid raising your concerns with the student.
- b Provide timely and regular feedback in line with the guidance below.
- c Work with the student to identify and address external stressors that may be affecting performance.
- d Identify strengths as well as weaknesses and draw on the strengths.
- e Enable the student to explore ways of improving performance against learning objectives.
- f Provide guidance and advice.
- g Involve the link tutor at KRHTS if it is clear that initial solutions have not resolved the concerns.
- h Work with KRHTS in maximising the opportunity for the student to succeed.

3.7 Giving Practical and Emotional Support

- a When your students join you they might feel anxious and disorientated in their new environment. A good induction will start to put them at ease.
- b Your students will feel valued and supported if they can see you are interested in them, so look at their learning objectives and communicate often with them. Ask them how they are doing and give them protected time with you every week.
- c Many people like to feel needed. Give your students plenty to do, although make sure it is in line with their objectives.
- d Make them part of your team.
- e Give your students feedback on their progress and development needs to help them feel in control.
- f Be constructive in your feedback.
- g Help them to feel secure by being a good role model and confident in your abilities.
- h A psychologically healthy and well supported student will benefit everyone.

3.8 Challenges in Preceptorship

It is recognised that preceptors will have to strive to overcome some of the following challenges:

- a ensuring the support of your colleagues and manager in performing the role of preceptor
- b validation/credibility given to the status of a preceptor – by colleagues, bosses and by the students themselves
- c do not expect everything to be in place right from the start – the programme needs to build
- d enabling students to shadow and visit others e.g. managers
- e institutional responsibility in supporting the programme and the role of preceptors
- f poorly committed students
- g heavy workload as well as undertaking the preceptor role
- h ensuring that you and KRHTS are expecting the same things

- i The examining body may have one standard but preceptors feel that students have not been taught the right material at KRHTS
- j inadequate staffing levels at the facilities
- k lack of logistics e.g. poor accommodation; lack of adequate transport; etc
- l large number of students
- m KRHTS may not follow up whether students have attended
- n lack of Tutor visits
- o lack of motivation for preceptors

3.9 Managing a Student who May be Senior to You

Some preceptors will be clinicians who are less senior than a MAP student. This may lead to a feeling on the part of both student and preceptor that the student/preceptor relationship is not well balanced. Some preceptors worry that the MAP student might be condescending and not have a comfortable relationship with their preceptor. However, there are several things to remember to counteract these concerns:

- a KRHTS will be very concerned about any MAP student being difficult with their preceptor. The success of the MAP programme (and therefore the whole of the scale up of mental health services in the country... and international credibility) is dependent on the preceptors who willingly work with the programme. All efforts will be made to ensure your support is not jeopardised. Informing the school about such problems will enable the school take action
- b your role as a preceptor is first and foremost that of educational facilitator, (not 'teacher', note: there is an important difference between being 'educator' and 'teacher') which means you do not have to always directly 'teach' the MAP student. The MAP students are adult learners and they educate themselves through self directed learning. Your role as preceptor is to help provide the environment for their learning through your expertise and specialist knowledge about where you work. You will help facilitate the MAP in their education and co-ordinate their attachments with you. Even if you do not know as much medical psychiatry as MAP students there will still be much they can learn from you. Their main knowledge will be from the classroom whereas yours is from practice, which is something that cannot be learnt from textbooks
- c your role includes helping students find learning experiences e.g. meeting people, viewing services etc
- d you are in a powerful position, because your assessment of your student is important. You are the one who completes the assessment of the student at the end of a placement with you. However, use this privilege with care and sensitivity
- e finally, the first doctor was not trained by a doctor and likewise for many other professions. Preceptors will have a great deal more practical expertise and knowledge than MAP trainees. Your main role is as educational facilitator

The following will help you:

- f prepare up to date notes in line with the curriculum so that you are knowledgeable, particularly in your area of practice. This will help you be confident
- g be a supervisor and facilitator, but don't feel compelled to teach directly. Your students are expected to be adult self-directed learners. If your students want to cover 'topics' ask them to present topics to you, not you to them
- h assist in the management of students
- i try to develop a good interpersonal relationship that is not bossy. Be humble, self-aware and accommodating

- j motivate your students. Praise those who do well, encourage those who need to improve
- k be involved in the assessment of your student's learning and assignments

3.10 Being an Effective Role Model

Definition: Role models are people we can identify with, who have qualities we would like to have, and are in positions we would like to reach. Generally they give inspiration to and lead others. Attributes that are commonly looked for include:

- a knowledgeable
- b ability to facilitate learning
- c respect (and positive attitude to junior colleagues)
- d consistency
- e leadership by example
- f openness
- g good interpersonal relationships (with all – try not to be selective)
- h fairness and firmness (especially when faced with challenge)
- i involvement
- j going beyond the boundaries on occasion
- k emotionally supportive
- l respect the autonomy of students (let students get things wrong then gently support and correct them but don't be unpleasant to them)
- m tactful
- n committed
- o able to motivate people – thank those who do well and help those who are doing less well
- p professionalism (confidentiality, ethical etc.)
- q able to give constructive feedback
- r integrity
- s clinical competence
- t enthusiasm for their subject
- u treat others as you would like them to treat you

3.11 Keeping up to Date

Many resources are available to support your on-going development. They link to your Personal Development Plan (PDP) which is the key approach we use in this programme to ensure effective continuous development.

Your PDP is an agreement, drawn up using the form in Section 5.9 between you, your manager, and KRHTS. The aim of this plan is to help you strive to advance your knowledge and skills in order to enhance your abilities as a preceptor.

Some practical ways to keep up to date include:

- a regular reading – such as magazines, publications, journals, text books, internet
- b share knowledge, such as via discussions and brainstorming
- c attend workshops/in-service training
- d seek information from experts
- e research (find out about) things you do not know

- f arrange exchange programmes – can be to other establishments in-country or sometimes overseas
- g educate yourself by making visits for your own learning, such as:
 - Traditional/Faith healers
 - Health Facilities
 - Schools
 - Prisons
- h listen to presentations: TVs Radios
- i have a professional development plan with objectives and an action plan
- j give yourself time to develop
- k ensure that you have a process in place for assessing your development against the objectives set

3.12 Supervising Students in Practice

- a A preceptor must plan to meet their student(s) every week to review progress against the objectives set at the beginning of the attachment.
- b Each meeting should focus on progress and challenges and incorporates constructive feedback. Focus must be given towards how progress is being evidenced in the student's portfolio. The meeting ends by discussing and agreeing plans for the next week.
- c Supervision also includes the formal assessment meetings with the student, and a tutor, in the middle and at the end of the attachment. See appendix 1 for forms to use in supervision.

3.13 Maintaining links with KRHTS

A preceptor is the link between the student and the tutor, the placement and the school.

3.14 Teaching and Learning Theory

- a Adults are self-directed learners who take initiative and responsibility for their learning. While teaching for children tends to focus on content, adult learning focuses on process and experience. People learn well when their needs and interests are met.
- b It is useful to note that people have different preferences with regard to how they learn. Some have a preference for the practical whereas others sway towards the theoretical. Neither approach is better than the other but learning opportunities may need to be tailored to the individual.

Area	The Adult Learner
Learners' need to know	Want to know why they must learn something
Learners' self-concept	Self-direction: take responsibility for their learning
Role of learners' experience	The varied learning experience of adults is used as a rich resource for learning
Learners' readiness to learn	Relates to things adults need to know and do in real life
Students' orientate to learning	Adults have a real life orientation to learning involving problem-solving
Students' motivation	Largely internal such as self-esteem, quality of life and job satisfaction

3.15 Ideas for Student Development

As a preceptor you may consider some of the following suggestions to help your students to develop their knowledge and skills. Ask your students to:

- a observe, write up and discuss the practices in the attachment area in relation to:
 - Patient confidentiality
 - Professionalism
 - Respect for autonomy
 - Risk to patient , other patients, staff and others
- b take and record full histories from patients
- c conduct and record full Mental State Examinations
- d help students to arrange visits to other areas that work with people with mental health problems, for example:
 - Prisons
 - Courts
 - Police stations
 - Traditional healers
 - Prayer camps
- e write up what they have learnt and how this will affect their practice
- f prepare an assessment and work together with a patient to plan a programme whereby he/she can learn to recognise and take control of symptoms
- g write a case study
- h write diagnostic formulations using a variety of models
- i write up a management plan for a patient who is not in hospital
- j review aspects of patient histories in more detail. Try to use using rating scales and instruments as a guide. Ask the student to write these up fully for presentation to their student peers. Some suggested areas to cover are:
 - Substance misuse history and impact
 - Forensic history
 - Anxiety symptoms and their impact
 - Personality assessment
 - IQ assessment
 - Social and educational history
 - Attachment history
 - Insight
 - Understanding of illness
 - Impact of illness on self and family
 - Cultural beliefs and impact on patient and family
- k assess and report a patient's ability in terms of their daily living skills
- l assess medication side effects using a rating scale e.g. LUNSERs
- m assess suitability for psychotherapy, particularly the patient's 'psychological mindedness'
- n ask the student to arrange meetings with a wide range of people who are involved in mental health related activities. Ask the student to write down a list of topics they want to cover and

- take it with them to the meeting. Include the full range of persons to meet (some examples are):
 - Clinical
 - Non clinical professions, police, teachers, etc
 - Community members – carers, leaders, ordinary members, traders
- o investigate the traditional beliefs around mental health for various cultural subgroups in the area. The student should write a report on their findings
- p investigate barriers to treatment and consider solutions
- q investigate local 'pathways to care' (the patient's journey so far and likely future journey to getting better)
- r prepare and record relapse prevention plans jointly with patients and family members (you might need to learn more about "relapse prevention plans" – it is a "Western" concept)
- s prepare risk assessments from high level overviews to detailed analyses of specific risk scenarios, using a range of instruments and guides including an assessment of the pros and cons of the guides
- t learn professional internationally accepted restraint and breakaway techniques for controlling violent patients
- u for developing leadership skills:
 - attend meetings. Observe and consider the leadership styles displayed
 - actively participate in a meeting
 - student to chair a local meeting and consider their leadership style in doing so
 - appropriately challenge a point raised within a meeting
- v lead a small scale service development project using the principles of change management
- w lead a large scale project
- x give a formal presentation on the service development
- y lead an investigation into an adverse incident
- z risk assess environments for staff and patient safety
- aa undertake brief counselling interventions – problem solving, supportive counselling, alcohol, anxiety, depression, illness education etc

3.16 Quality Assurance

- a ensure that preceptors, tutors and students have good knowledge and understanding of courses and curriculum. This will help everyone to communicate well by using the same language and terminology
- b make sure that preceptors and tutors have a common training and shared understanding
- c continuous good communication among tutors, preceptors and students, including tutors visiting preceptors in their clinical settings
- d review learning objectives and action plans with students at the beginning, mid-point and end of attachment so that you can keep up to date with their progress and any additional needs
- e have standardisation of procedures wherever possible, e.g. how a mental state examination is done. Students should learn standard practice, not the shortcut methods used by long serving staff
- f encourage critical thinking and reflection (see section 4.6)
- g have standard assessment tools/procedures so that all students are assessed in the same way

Section 4: Assessment

4.1 Summative Assessment

- a This is assessment of learning (a “summation” of it); it is aimed at assessing a student’s progress against agreed criteria; it has a regulatory purpose (pass/fail) and determines whether a student can progress to the next phase of or complete their training programme.
- b Usually occurs at the end of a programme or course of study.
- c Is aimed at determining learner’s progress/level.
- d Mainly based on cognitive development aspect of learning.
- e Cannot usually capture all the competencies a learner is expected to acquire.

4.2 Formative Assessment

- a This is assessment for learning; it is aimed at reviewing the student’s progress against their learning objectives; it has a developmental focus.
- b Helps the student understand his/her progress and plan for future learning.
- c Takes place as often and as early as possible.
- d Is not used for ‘summative’ purposes.
- e Helps to identify strengths and weaknesses at an early stage.
- f Provides ongoing feedback.
- g Encourages self assessment.
- h (Many students are fearful of formative assessment as they worry it is going to be used ‘against’ them, but a secure trusting relationship between student and ‘teacher’ can help to dispel these worries.)

4.3 Setting and Monitoring Learning Objectives

- a Assessment of students is ongoing from day one.
- b At the beginning of each attachment the student, together with the preceptor and tutor, considers the curriculum learning objectives that can be met during this attachment experience. The objectives should reflect the learning needs of the student (checking the curriculum to see what is expected of the student) as well as the experience the attachment has to offer. An attachment could address learning objectives from various courses across the curriculum.
- c The preceptor and the student set learning objectives for the period of the attachment.
- d Objectives must be set in such a way that it can be clear whether or not they have been met by the end of the attachment. The ideal objective is:
 - **S**pecific
 - **M**easurable
 - **A**chievable
 - **R**ealistic
 - **T**imedsee below for an example

- e Thereafter the student and preceptor will meet weekly for supervision sessions.
- f The preceptor will give formal feedback to the student half way through the clinical experience and a final formal feedback at the end of the clinical period.
- g The preceptor reviews the student's performance in terms of the course learning objectives and informs the clinical tutor about student performance.
- h The report back must include a special note of any outstanding learning that needs particular attention.

Example

In the Recess Semester the student has to: Identify vulnerable groups in the community in relation to mental health.

A learning objective that is not smart may read:

- i "identify vulnerable groups in the community in relation to mental health" This objective is not specific enough. It does not state a method of measurement nor is it timed. Thus it is unrealistic.

A SMART learning objective may read:

- j "use literature, conversations, visits and observation, to identify three vulnerable groups in the District. Write an account of my findings and learning points relating vulnerability to mental health to be completed by the end of the attachment." This is SMART.

4.4 Providing Feedback

Giving feedback to people can generate anxiety for the person giving the feedback as well as the person receiving it. It is important to give timely and facilitative feedback to students. Feedback can be:

- a positive (commonly experienced as complimentary)
- b negative (commonly referred to as criticism)
- c constructive (recognising strengths and what development/improvement is needed)

For example:

In observing the student clerking a patient while running back and forth to attend to another activity:

- **Positive Feedback** – complementing only: You were really busy doing those two things at once, I wish I had your energy.
- **Negative feedback** – criticising: You certainly wasted a lot of time running around like that.
- **Constructive** – strength and suggestion for further development: You completed that clerking well. Good work! Can you consider how to use your time even more effectively next time.

Guidelines for giving Constructive Feedback:

- a Ask the student for their account of what happened, starting with 'What went well?', then provide your positive feedback. Next move on to asking the student 'What could have been done differently?' and follow that with your critical feedback. This way you will gain a good idea of the student's awareness of their own strength and areas for development.
- b Know the purpose for giving the feedback in terms of what you want to achieve.
- c Avoid delays in giving feedback.
- d Select a private place for the feedback.
- e Describe the specific behaviour that you observed (using when, where and who was involved). Avoid gossips, rumours, opinions and second hand information.

- f Describe your personal reaction to the behaviour in the first person, for example: I was disappointed you did not tell us that you would not be here yesterday. Instead of “You were irresponsible and inconsiderate! You know we need to know who’s going to be on or off the ward”.
- g Use even calm tone of voice, avoiding non verbal evidence of positivity or negativity.
- h Address one problem at a time as soon as possible after the incident or good practice occurs.
- i After giving feedback ask the student to reflect back to you what they have heard, to ensure understanding.
- j Enable the student to consider how to behave differently next time.
- k Discuss the possibility of making a written reflection, for the portfolio, as evidence of learning through practice (see section 4.6 below).

4.5 Portfolio Development

Portfolios are being increasingly used across the world. The aim of a Portfolio is to provide evidence of experience and that learning has been achieved. This should include evidence of reflection and critical thinking – see below.

For students, the portfolio shows that the student has developed their knowledge, skills and attitudes and that their learning can be practically applied. Much of this is achieved by recording reflections (personal thoughts and learning) about experiences, for example, how the learner responds and reacts to an act of violence, or an incident of “non-engagement” e.g. someone not attending their clinic appointments, incorporating reference to theory and providing a plan for how skill will be developed in the future. Evidence is provided to show evolving confidence and competence in practice. By the end of the programme the Portfolio should show the evidence that course learning objectives have been met.

An effective Portfolio is:

- a in the form of a folder
- b the content is clearly indexed, to make it easy to use
- c it must serve to show that the learner has developed their knowledge, skills and attitudes and that the learner can translate that learning into practical application
- d evidence must show evolving confidence and competence within mental health practice
- e much of the evidence is achieved by recording reflections about experiences

Evidence may take many other forms. For example, in evidence of the objective that the learner is able to conduct an effective psychiatric interview, portfolio evidence may be provided using a combination of the following:

- f A reflective account, using the stages above
- g A record of a mock interview conducted with a preceptor
- h A form which provides evidence of success against a list of criteria, completed following observation of practice by a skilled practitioner (mini- CEX – pronounced “mini-see-ee-ex”)
- i Testimony from a patient/other
- j An essay comparing practical experience with the literature
- k Evidence of teaching to peers
- l Evidence of case presentation
- m A written case study

By the end of the programme the Portfolio will evidence that course learning objectives have been met.

The forms to aid formative assessment are in Section 5.

4.6 Reflective Practice and Learning

Reflective practice is described as a means by which people learn by looking back on events that have happened in order to see them in a different way. This enables the student to consider alternative kinds of action.

Reflection involves reviewing experience from practice so that it may be described, analysed, evaluated and consequently used to inform and change future practice.

Reflection in practice is achieved through:

- a describing the experience
- b reviewing the experience, in terms of practice and emotion
- c concluding what has been learnt from the experience
- d planning the next steps in order to extend the learning

4.7 Developing Critical Thinking

Facilitating critical thinking involves helping students learn how to think and not merely what to think. It encourages students to examine critically the reasons for doing things in a certain way; to look at the underlying causes of a particular problem; to question the use of certain treatment or intervention approaches; etc. It goes beyond the immediately obvious and is aimed at gaining understanding.

One way of promoting critical thinking in students is the use of focused/open ended/higher order questions.

Closed, questions are to do with facts or information. They often begin with 'who', 'what', 'when', 'where' and 'how much'. They can often be simply answered, by one word.

Open questions can promote critical thinking in students. They may begin with 'why'. Open questions can be:

- clarification questions that require students to work out the answer, or
- divergent questions – these have no right or wrong answer – such as “should abortion be legalised in Ghana ?”.

Examples:

An **open** question would be:

- “What aspects of the patient’s history are you going to ask about?”

A **closed** question would be:

- “Are you going to ask about alcohol use?”
- Planning intervention: Can be used to facilitate both lower and higher order learning. For example, when the preceptor asks the student “shall we prescribe medication?” This question will stimulate lower order learning whereas asking student “what shall we do now?” will stimulate higher order learning.
- Debriefing Incident – lower order learning will occur through questions such as “describe what happened?”, but higher order learning will result from “what can we learn from this?”

Section 5: Forms for use in Practice

- 5.1 Check List for Student Induction on start of a new Attachment
- 5.2 Record of Weekly Supervision Meetings
- 5.3 Summary for end of Attachment
- 5.4 Mini-Clinical Evaluation Exercise (Mini CEX) Record Form
- 5.5 Evaluation of Attachment Experience
- 5.6 Learning Objectives – Recess Semester
- 5.7 Learning Objectives – Field Attachments (other than Recess Semester)
- 5.8 Learning Objectives – an example
- 5.9 Personal Development Plan

Student Induction on start of a new Attachment – Check List

(For students – you should complete this form and keep it in your portfolio of evidence. Please ensure that your preceptor and tutor each have a copy.)

Name of attachment..... Start date..... Finish date

Name of student..... Preceptor KRHTS link tutor

<i>(Continue on back if not enough space)</i>	Dates Completed	Signed by Student
Introduced to key local managers <i>(insert names and titles)</i> <hr/> <hr/>		
Introduced to key clinical leaders <i>(insert names and titles)</i> <hr/> <hr/> <hr/>		
Oriented to the geography of the attachment		
Informed of times of duty		
Informed of logistics:		
• transport		
• accommodation		
• telephones		
• internet		
• other resources <i>(please list overleaf)</i>		
Informed of how this service fits in to the wider system		
Informed of the dates of key meetings <i>(please list overleaf)</i>		
Informed of where to find relevant documents <i>(please list overleaf)</i>		
Informed of record keeping practices and where records are kept		
List of local opportunities <i>(continue on back if not enough space)</i> <hr/> <hr/>		
Dates for weekly meetings with preceptor set <i>(list the dates on the back)</i>		
Date for setting objectives set <i>(list the date on the back)</i>		
Date for mid and end review set <i>(list the date on the back)</i>		

Record of Weekly Supervision Meetings

(For students – you should complete this form and keep it in your portfolio of evidence. Please ensure that your preceptor and tutor each have a copy.) Use it to record meetings during this placement.

Name of attachment..... Start date..... Finish date

Name of student..... Preceptor KRHTS link tutor

This was meeting number It was held on It lasted..... minutes/hours

	Comments by both preceptor and student
<p>Comments on the last week</p> <p><i>For example: experiences, achievements, interesting cases, knowledge gained, new skills developed, new insights noted</i></p>	
<p>Review against objectives</p> <p><i>e.g. objectives met, difficulties in meeting objectives, plans for progress</i></p>	
<p>Specific challenges</p> <p><i>e.g. in practice, with a patient, within the team</i></p>	
<p>Feedback given</p>	
<p>Plans for next week</p> <p><i>e.g. how to progress. What learning opportunities to utilise</i></p>	

Signed Date..... Signed Date.....

Preceptor

Student

Summary for End of Attachment

(For students – you should complete this form and keep it in your portfolio of evidence. Please ensure that your preceptor and tutor each have a copy.)

Name of attachment..... Start date..... Finish date

Name of student..... Preceptor KRHTS link tutor

Preceptor’s Review of Progress

To preceptors: After discussion with the student please summarise your views about his/her achievements against their learning objectives. This includes strengths, areas for development and identification of any issues affecting performance. *(Please continue on the back if there is not enough space.)*

Preceptor’s Signature Date.....

To preceptors: In the space below please identify the student’s learning needs that should be taken into future placements, that you have discussed with the student at their end of placement review.

Learning Needs

Preceptor’s Signature Date..... Student’s Signature Date.....

Student’s comments

I confirm that I have discussed the points raised above and will consider the learning needs discussed to formulate my next learning objectives.

Student’s Signature Date.....

Mini-Clinical Evaluation Exercise (Mini CEX) Record Form

(For students – you should complete this form and keep it in your portfolio of evidence. Please ensure that your preceptor and tutor each have a copy.)

Name of attachment..... Start date..... Finish date

Name of student..... Preceptor KRHTS link tutor

Assessor's Name		Job Title		Profession.....	
Patient need/problem			Topic of assessment ¹		
Is patient new or familiar to trainee?			Complexity of Case ² : Low, Average, High?		

Comments on student's performance (Continue on the back if not enough space.)

A) What was done well?

B) What areas need development/improvement?

Aspect being assessed	Below expectations	Meets expectations	Above expectations	Not observed
History taking skills				
Physical examination skills				
Communication skills				
Underpinning knowledge				
Decision making and judgement skills				
Professionalism				
Organisation/efficiency				
Responsiveness to patient + others				
Overall care				

C) Agreed Development Points and Action Plan:

Assessor's Signature Date..... Trainee's Signature Date.....

¹ e.g. assessment/diagnosis, Plan of treatment/management, Review of treatment/management, Education, Other

² This is to how challenging the case is: low complexity may be a low risk situation with a single presenting problem with no co-morbidities; a more complex case may be a patient with a "high risk" presentation and/or, significant co-morbidities and complex social circumstances

Evaluation of Attachment Experience

(For students – you should complete this form and keep it in your portfolio of evidence. Please ensure that your preceptor and tutor each have a copy.)

Name of attachment..... Start date..... Finish date

Name of student..... Preceptor KRHTS link tutor

1. Induction: Please make your comments in the boxes

What worked well	What could have been better

2. Living and transport arrangements

What worked well	What could have been better

3. Access to preceptor, including adequate time to meet on a regular basis

What worked well	What could have been better

4. Content of preceptor/student meetings. Did they meet your needs?

What worked well	What could have been better

5. Other key staff – where they facilitative/helpful

What worked well	What could have been better

6. Fitting into the clinical attachment area

What worked well	What could have been better

7. Describe the choice and flexibility there was for you to meet your learning objectives

What worked well	What could have been better

Signed Date..... Signed Date.....

Preceptor

Student

Signed at Mid Point: Student Perceptor Tutor Date.....
Signed at End Point: Student Perceptor Tutor Date.....

Learning Objectives – Field Attachments (other than Recess Semester)

(For students – you should complete this form and keep it in your portfolio of evidence. Please ensure that your preceptor and tutor each have a copy.)

Name of attachment..... Start date

Name of student..... Preceptor

(Please continue on the back of these forms or on separate sheets if there is not enough space in the boxes)

Learning Objective from the Curriculum	Specific Objective	Action Plan	Nature of the Evidence of Achievement	Comment – Mid Point Review	Comment – End Point
1.					
2.					
3.					

Learning Objectives – Field Attachments (other than Recess Semester) – sheet 2.

(For students – you should complete this form and keep it in your portfolio of evidence. Please ensure that your preceptor and tutor each have a copy.)

Name of student.....

4.						
5.						
6.						
7.						

Learning Objectives – Field Attachments (other than Recess Semester) – sheet 3.

(For students – you should complete this form and keep it in your portfolio of evidence. Please ensure that your preceptor and tutor each have a copy.)

Name of student.....

8.						
9.						
10.						
11.						

Signed at Mid Point:

Student Perceptor

Signed at End Point:

Student Perceptor Tutor..... Date.....

Learning Objectives – Field Attachments (other than Recess Semester) (EXAMPLE COPY)

(For students – you should complete this form and keep it in your portfolio of evidence. Please ensure that your preceptor and tutor each have a copy.)

Name of attachment..... Start date

Finish date

Name of student..... Preceptor

KRHTS link tutor

(Please continue on the back of these forms OR on separate sheets if there is not enough space in the boxes)

Learning Objective from the Curriculum	Specific Objective	Action Plan	Nature of the Evidence of Achievement	Comment – Mid Point Review	Comment – End Point
1. To be beginning to acquire the knowledge and skills for taking and writing up a psychiatric history and, eliciting symptoms and signs of common mental disorders	By the end of the semester I will be confident in conducting a psychiatric assessment	a. Within the first 2 weeks I will identify an experience with a patient presenting with psychosis, who I will meet on several occasions b. Before the end of the semester I will write my reflection c. To be assessed in practice by my preceptor	Written reflection Assessment form completed – e.g. mini C-ex		
2. To identify community leaders and understand their role in social function in the community	By the mid point review I will be able to verbally describe the roles of three community leaders and their impact on the community	a. Identify, through discussion with colleagues, patients, visitors, the names, roles and contact details of three community leaders, AND explore their roles within the community b. Contact and visit one of the three and elicit their perception of their role			
3. To identify vulnerable groups in the community in relation to mental health	By the end of this semester I will have explored the needs of one vulnerable group in this community, with specific attention to their mental health needs	. Revisit the learning around Unit 5 HM/MP 1103 b. Through conversation with colleagues and local people, identify a vulnerable group that raises challenge in the local community c. Explore the mental health experience of that group Write a short paper on my findings	Short written paper		

KRHTS Medical Assistant Psychiatry and Community Mental Health Officer Training Programmes

4. To describe the socio-economic factors that contribute to mental ill health in Ghanaian communities	By the end of this semester I will be able to discuss, with a group of peers, a socio-economic factor that contributes to mental ill health in Ghanaian communities	<ul style="list-style-type: none"> a. Revisit my learning within HMAP 1202 b. Choose one of the following on which to focus: unemployment, poverty, crime, urbanisation, illiteracy c. Organise a peer group discussion on the subject Provide evidence that the discussion has occurred	Confirmation from peers that discussion took place Verbal account of the discussion		
5. To practice prevention strategies in mental health in the community	By the end of this semester I will report on a series of interventions that prevented mental health deterioration	<ul style="list-style-type: none"> a. Identify a patient who will benefit from using prevention strategies b. Meet with the patient on at least three occasions c. Seek feedback from the patient on outcome, for example in identifying when symptoms are worsening and seeking help d. Prepare a short report on the experience, including a reflection on how I may act differently when I next use this strategy 	Written report and reflection		
6. Conduct mental health education / promotion in the community	By the end of this semester I will have arranged and undertaken a mental health education event for at least 10 people in the local community	<ul style="list-style-type: none"> a. By the end of week 2 I will have selected a topic for presentation, for example, alcohol abuse, recognition of depression b. By the end of week 4 I will have a time and venue and invited attenders c. At the end of the session I will ask attenders for feedback, including detail of what they have learnt and how they will apply their knowledge 	Detail of the programme Feedback forms Verbal account		
7. Describe ethical issues in community mental health practice	I will produce a reflective account of a situation that I encountered in practice, with a particular focus on an ethical issue, for example patient confidentiality or consent	<ul style="list-style-type: none"> a. Through the course of my practice identify a patient / situation where I feel that an ethical issue arises b. Explore the literature c. Discuss and explore the issue in supervision d. Discuss and explore with peers e. Write a reflective account articulating what happened, the decisions made, the consequences, possible alternative approaches and how the experience has impacted on future practice 	Written reflective account		

8. Describe the existing mental health facilities and services and their role in promoting mental health	By the mid point I will be able to provide verbal information on current local services and how they perform their role with regard to mental health	a. I will collect this information through practice and conversations with those I meet	Verbal account		
9. Organise and manage through community participation mental health programmes in order to provide preventive, curative and rehabilitative mental health care and support in the community	By the end of the semester I will have initiated a new programme	a. Within the first 2 weeks identify an achievable project b. Write a project plan c. Ensure the engagement of relevant parties d. Put pilot plan into action e. Evaluate the pilot f. Make plans for how the programme will continue when I move on	Written account of the project Evidence of evaluation from self and others		
10. Promote multi-agency co-operation in order to maximise mental health care provided in the community	By the end of the semester my preceptor and peers will feel confident that I am able to work effectively in a team in order to maximise mental health care provided in the community	a. Consider this issue within peer group meetings and supervision sessions b. Identify any interpersonal issues, with me, or others and seek to address them c. Verbally reflect on my ability at both mid and end review	Verbal discussion and feedback Supervision notes		
11. Apply socio-cultural values that promote or maintain mental health wellness	By the end of the semester I will have worked with a family and considered the impact of each individual on the presentation	a. Identify a relevant presentation b. Discuss in supervision c. Explore the socio cultural situation and make a plan for intervention d. apply the plan e. evaluate the plan f. Write a case study	Written case study		

Signed at Mid Point:

Student

Perceptor

Tutor

Date

Signed at End Point:

Student

Perceptor

Tutor

Date

Personal Development Plan

(For students – you should complete this form and keep it in your portfolio of evidence. Please ensure that your preceptor and tutor each have a copy.)

Name of attachment..... Start date

Name of student..... Preceptor

Finish date

KRHTS link tutor

Learning Objective Number	Objective	How Objective will be met – Action to be taken?	Date for Completion	How I will evidence that learning has taken place	Achieved and Signed Y/N	Comments at review date

Signed at Mid Point: Student Perceptor

Tutor

Date.....

Signed at End Point: Student Perceptor

Tutor.....

Date.....

Personal Development Plan

Continuation sheet number 1

Name of student.....

Learning Objective Number	Objective	How Objective will be met – Action to be taken?	Date for Completion	How I will evidence that learning has taken place	Achieved and Signed Y/N	Comments at review date

Personal Development Plan

Continuation sheet number 2

Name of student.....

Learning Objective Number	Objective	How Objective will be met – Action to be taken?	Date for Completion	How I will evidence that learning has taken place	Achieved and Signed Y/N	Comments at review date



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