



# Medical Assistant Psychiatry

Notes for educators and students

Rural Health Training School, Kintampo

with

Hampshire Partnership   
NHS Foundation Trust

June 2010

The  
**KINTAMPO**  
project

Ghana-Hampshire (UK)  
Mental Health Link



**NOTE:** These notes form part of a 'suite' of documents and guidance for the MAP (and CMHO) programmes. To access the full range of documents for the programmes please visit the Kintampo Project website at [www.thekintampo.org](http://www.thekintampo.org)

## **1. The aim of these notes**

These notes have been written to help educators and students of the MAP Programme understand the curriculum aims and the course content (the syllabus). They help to show how the whole programme fits together. A separate laminated diagram (available from Mr Ofori, Programme Head 020 9138 018) shows the detail of the entire MAP programme from April 2010 to July 2011 including the programme for the first intake of CMHO which runs from October 2010 to July 2011. The full MAP syllabic content is in the curriculum document.

## **2. Introduction**

The MAP programme relies heavily on KRHTS tutors and preceptors teaching students during field visits and attachments. (A separate preceptor manual has been prepared for preceptors – it is available from the Programme Head, Mr Ofori. The preceptor manual will, however, be of interest to tutors and students too – it contains forms to be used for monitoring student progress).

For clarity of terminology it is helpful to note that KRHTS tutors consist of:

- Resident Tutors (School based)
- External Tutors (from within Ghana)
- Overseas Tutors (from outside Ghana including the UK)

The diverse range of tutors means that teaching will be determined to some extent by tutor availability.

The MAP students are all former Medical Assistants, and are mature, experienced practitioners. Some students have substantially more past mental health experience (some in practice) than others. As a group the MAP students already bring together considerable mental health knowledge and expertise.

On passing final exams students will practice as a specialist Medical Assistant in Psychiatry, although because they don't currently exist in Ghana the project is 'ground breaking'. As such, at this stage, students have no 'role models' on which to base their learning - becoming A MAP means that the students, in a sense, will be creating the role (and they must 'imagine' what it is going to be like).

This means there is considerable complexity at the heart of the programme. This is both a challenge and an opportunity. Everyone involved is a pioneer. The curriculum will be regularly reviewed and updated. The first formal review will be summer 2011.

Briefly, the educational principles that have been agreed for the programme are as follows (see MAP curriculum document v1.1 Appendix D page 56/7 for further details):

- Not all aspects of the syllabus can be covered in the classroom – some will require students' self-directed learning.
- Not all the daily 'timetable' will be taken up with planned teaching. Time will be allowed for personal-study, reading, and for students to form peer-support groups to work through the materials they are studying
- Some aspects of the content (the syllabus) may be covered in the classroom but most of it will be covered in the field, since this is a practice-based curriculum
- Overall, seventy percent of the students' learning will occur 'in the field'
- During the first semester when students are based at KRHTS (this semester has no long duration field attachments) an average of two days per week will be devoted to classroom work and the other three days to field work.
- Not all of the field work time will be spent 'in the field'. Some of the time will be spent preparing for field work and reflecting to maximize the learning gained.

### **3. Covering the programme content**

On this programme it will not be possible (or even desirable) for the content to be provided in continuous blocks. Some of the larger courses will be 'split', so that some of their content will occur early in a semester and some towards the end. This will give students an introduction to certain topics, and then they can 'revisit' them later in the semester after field visit experiences and input from tutors on other courses.

As much of the student learning will occur as they come into contact with particular cases and 'experiences' it will be desirable to 'capture' this and 'map' it against the syllabus in the curriculum document.

This will be done every Friday afternoon, by students and tutors (or preceptors when students are on field attachments) discussing what has happened that week. Each student will then write some notes on what they have learnt (that week). Each student will then read out his or her notes and they will jointly (with a resident tutor) make a list of the key learning points for the week - they will 'map' each learning point onto the syllabus to indicate the link between them. They will then present this verbally to the Programme Head who will join the meeting briefly to hear the work. The document will be typed into a computer and a copy printed and put on the classroom wall. Students will also put copies (of their own and the group learning points) in their portfolios in which they record their learning. The Programme Head also keeps a record of each week's work.

#### **4. Note for Tutors**

When you are approached about making a contribution to the programme, the Programme Head will contact you to discuss when you are available and what content you can provide. The Programme Head will be able to tell you what the students have already covered by the time you do your teaching, partly to avoid unnecessary duplication but also so that you can put your teaching into the students' context.

#### **5. Teaching approaches**

Because of the special nature of this programme, the curriculum planners believe that the most valuable teaching approaches are interactive ones. A team of three Overseas Tutors from the UK used these approaches near the beginning of Semester One, and students reported it was very successful. The students told the curriculum planners they would like more of this kind of teaching.

Interactive teaching means:

- Finding out what the students already know
- Discussing with students what they feel their gaps are, at the start of any teaching and what they particularly want from your input
- Asking the students to talk about their clinical experience and the problems and issues it posed them (in relation to the topic you are teaching)
- Using clinical examples and cases (drawing on the students' clinical experiences as well) to illustrate the theoretical topics, concepts and principles you are teaching
- Pausing at key points during the teaching to check that students are understanding what is being taught and/or to deal with any questions that have arisen so far
- Sometimes breaking the class into smaller groups to discuss particular points or to work on certain topics, then hearing back from them about what they have been discussing.
- Summarising (at the end of your teaching) what you have taught and asking the students to say what they have learnt (and perhaps what further questions your teaching has raised that might be dealt with on another occasion).

## **6. Feedback from Tutors.**

You will be asked to complete a brief feedback sheet following your teaching. This will cover:

- the content you have covered (this is particularly important because sometimes students might ask you questions that lead you to cover or introduce content that is listed for another course)
- the teaching approaches you used and how successful you felt they were, including how you felt the students responded to them
- any feedback you can give on how the programme is being managed and administered, e.g. the usefulness of the briefing you had before your teaching

June 2010