

**The Medical Assistant Psychiatry programme
semester by semester**

What is the aim of each semester ?

**How does each semester contribute to the whole
programme ?**

June 2010

Semester 1 'Taking psychiatry deeper and wider'

Gaining a deeper understanding of psychiatry;

- how deep can a person go ?
- how deep can I go ?
- how deep will I go ?

Students ask yourselves - What are my learning objectives for this term, and for my subsequent terms. What are my gaps ? What are my strengths ? How can I help my peers and how can they help me ? What are my values that underlie my clinical practice (are they the same as other people's) ?

Topics this semester include;

- **Going back to basics** – what do I need to know more about ? Filling in the gaps.
- **What is normality ?** What is abnormality ? Who decides ... ?
- **Psychopathology, history taking and mental state examination** – the 'beginner' – the 'experienced' - the 'expert'. Moving from the obvious and the easy to the deeper and better informed inquiry.
- **Psychology, and personality** - ...and what is a personality disorder – does it exist in Ghana ?
- **What is community mental health practice ?** What is it about ? The importance of teams. Working in teams.
- **Leadership and teambuilding** – how to build and maintain effective teams around you – developing your powerbase and getting the best from everyone
- **Ethics and professionalism** – expectations – realities - being a role model (why do it ?) – leading the way - can I – should I - will I ?
- **Research and Evidence Based Practice** – how is it different in mental health ?

Semester 2 'Taking psychiatry to the community'

Seeing the wide impact of mental health problems;

- Who is responsible for providing mental health care in the community ?
- What needs doing ?
- What is being done ... and why are some things not being done ?
- What could be done ? What should be done ?
- What could I do ?
- What will I do ?

Students ask yourselves - what are my learning objectives – for this term, and for the subsequent terms. What are my gaps ? What are my strengths ? How can I help my peers and how can they help me ?

Topics this semester include:

- **Psychiatric disorders one by one** – would you recognize them ? How sharp are your skills ?
Starting to put learning into practice.
- **Recognising mental health problems in the community** – going beyond the obvious.
Differential diagnosis – thinking and practising as an expert
- **Mental health problems as long term and chronic** – so how can we help ? Can there be recovery ?
- **Turning learning into practice** – beginning to apply new knowledge to the real world of patients, families, communities
- **Stigma** – what is it - who does it affect – what can we do – what has worked in other countries? How shall we tackle it. ?
- **Managing change in services and others** – making your planned changes a success – preparing and taking others with you
- **Supervision, reflective practice and appraisal** – what is it ? How to do it ? Keeping standards up – developing long term good practice
- **Psychopharmacology** – becoming an expert practitioner – sharpening your knowledge – being ready for the unexpected
- **Working without medication** – what can be done – does it work ?

Recess Term – field attachment - 'Taking psychiatry to everyone'

Preparing for diversity – adapting to the context

- Am I ready to practise anywhere and everywhere ?
- Am I ready for all things ? Communities large and small ? Rural, periurban, urban. Muslim, Christian , Traditional etc ? Different cultures, different languages.
- Shall I focus on some and not others ?

What is my role in community care and what are the roles of others ?

What systems are in place and what could be in place ?

Students ask yourselves - what are my learning objectives – for this term, and for the subsequent terms. What are my gaps ? What are my strengths ? How can I help my peers and how can they help me ? How broad, flexible yet sharp is my practice ... in the face of diverse contexts ? How can I go even further?

Topics in the recess include;

- A focus on **self directed learning** – can you really do it ?
- **Community Mental Health** – taking it to the next level – understanding everyone's roles not just your own – hearing from them – do you 'second guess' the roles of others ? Should you ? ... and understanding systems
- **Clinical Psychopharmacology** – what do you really know ? Could you teach it to others - do you really understand what you are doing ? Are you ready for the unexpected ? Can you follow the pharmacological literature / publications ? Could you teach it to someone more senior to you ?
- **History of psychiatry** – where does history start and finish ? Could you teach history to others ? Are you becoming a broad knowledgeable practitioner ? Could you become a strategist, visionary, leader in mental health ?
- **Law** – do you know it ? Do you abide by it ? Do (or will) you lead good practice ? Will you lead or will you follow in the footsteps of those less knowledgeable than you ?
- **Project work** – can you plan and execute a good project ?

Semester 3 'Taking psychiatry forwards for Ghana'

Preparing to lead - finalising your roles as MAP

- Can / will I help shape a new high level mental health workforce for 21st century Ghana
- Final preparations for practice – is there anything else I need to do ? What are my areas of special interest and expertise ? How can I develop these further ?
- What are my strengths? What are my weaknesses? What areas do I need to develop further?
- Am I ready to supervise others (especially CMHOs) ? Who will be my supervisor ?
- Am I ready to play my part in making sure we come together as a professional and cohesive body to drive change ?
- Do I know the limits of the role ? Am I ready to maintain my boundaries. Am I ready to hold back on any urge to treat conditions that are not part of my remit? Am I ready to develop our profession in a planned and purposeful way towards equitable treatment for all once our workforce numbers have risen ?

Topics in this final semester include;

- **Managing psychiatric emergencies** with confidence and authority
- **Specific mental health conditions** - Elderly, children, Mentally Retarded, Drug Abusers, Liaison psychiatry etc
- **Preparing to get the best out of housemanship**

“Educating For Service”

Simple in operation

Extensive in scope

Economic in cost and yet

Efficient in quality.



June 2010